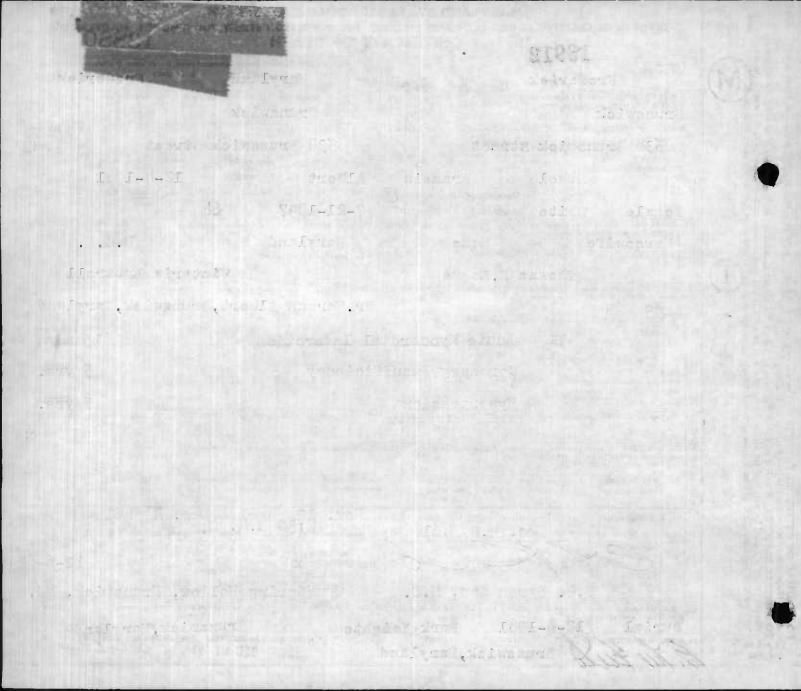
TO TOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a page 4 may be retained by the hospital or attending physician.

Yes a consistent of the property of the property of the page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

MAR	YLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESE	ARCH AND RECORDS, 301 W. PRESTON STREET, B	ALTIMORE I, MARYLANI
13912	CERTIFICATE OF DEATH	1.5500
ACE OF DEATH	2. USUAL RESIDENCE (Where deces	ad I vad If instituto Residence bafor

1. PLACE OF DEATH	TOOTE		2. USUAL RESIDENCE (Wh	ara Jacaasad I vad If i	nstitu o Residenc	bafora admission)
	rederick	MARYLAND	a. STATE Marylan	id b. coun	Prede	riek
b. CITY OR TOWN (if write RURAL and Brunswie	outside corporate limit giva nearast town)	s, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside 35 Brunswie		RURAL and giva n	aarest town)
d. NAME OF HOSPIT	AL OR INSTITUTION (in	f not in hospital, give straet address)	d. STREET ADDRESS			. IS RESIDENCE
	unswick S	Street	538 Brunsv	vick Stre	et	YES NO
3. NAME OF DECEASED	First	Middle	Last 4. DA		Day	Yaar
(Type or print)	Ethel	Francis	Albert	EATH 12.	-4-1961	19
5. SEX	6. COLOR OR RACE	7. MARRIED THEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdey)		IF UNDER 24 HRS.
Female	White	WIDOWED DIVORCED	7-21-1897	6LL yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION	ON (Giva kind of work	106. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (County & Sta	ita, or foreign country)	12. CITIZEN O	WHAT COUNTRY?
done during most of wor		Mome !	Maryland		U.S.	Δ
13. FATHER'S NAME	10	Home	14. MOTHER'S MAIDEN NAME		0.00	
	Mlaamaa	W Tomas	TA. MOTHER O MAIDER TARME	Victoria	Tutta	77
15. WAS DECEASED EVE		CES?   16. SOCIAL SECURITY NO.   17.	INFORMENT	Addrass	TIMO OI	7.1
(Yas, no, or unkown) (If	yas giva war ordates of sa	arvice)			. 1 . 2 . 20	.7 7
No			Mr. Herman Albe	ert, bruns		
		causa par line for (a), (b), and (c).)				ERVAL BETWEEN SET AND DEATH
PART I. DEATH	MAS CAUSED BY:	Acute Myocardia	1 Infarction		7	5 min
420.	/ DUE TO					,
Conditions, if any,	which > (b)	Coronary Insuff	iciency			5 yrs.
gava risa to Immadia	ta causa	OOT OTTAL A THIS OFT	TO TOTAL			7 7 3 3 4
(a), stating tha un	darlying	77 1 •				_
causa last.	) (c)_	Hypertension		FACE COMMITTEE COM		b yrs.
PARI II. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	OL KETATED TO THE TERMINAL DIS	EASE CONDITION GIV		PERFORMED?
PART II. OTHER  208. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURE	D. (Entar natura of injury in Part I or	Part II of item 18.)		
20c. TIME OF INJUIT Hour a.m.	Nonth, Day, Yaa		ACE OF INJURY (Homa, farm, 20f. tory, straat, offica bldg., etc.)	(City or town)	(County)	(Stata)
21. I certify the	nat (I) (this hospited alive on Dec	al) attended the deceased from.	NOV 12 19.6 death occurred 30 Am,	to Dec.	14, 1961, the da	nat (I) (we) last te stated above.
22a. SIGNATURE	NX		ATTENDING MED.	STAFF	15271	22b. DATE SIGNED
	7-1	TO A	A.D. PHYS, DIRECTO	R PHYS.		12-6-61
22c. PHYSICIAN'S NAME (Typa)	C.T. By	ron Kao, M.D.	Gum Spring	Hollow,	Brunswi	ck. Md.
23a. BURIAL, CREMATIC				LOCATION (City, toy		(State)
REMOVAL (Spacify)	12-6-10		la trai	Brunswick	Manyla	no di
24 FLERAL DIRECTOR		ADDRESS	25a. REC'D BY	REGISTRAR 25b. REC	SISTRAR'S SIGNAT	TURE
194.11		nswick, Maryland	DE	C 1 1 '61	arthur S.	
de RU IL	100		DATE			



1, P

b

d

3.

10a. don

15. (Yes,

MEDICAL CERTIFICATION

23e.

24

DIVISION		L RESEARCH	AND RECOR	DS, 301 W. P	RESTON STR		IMORE 1,	MARYL 388	AND 1	
	н			2. USUAL F	ESIDENCE (Wh	ere deceesed liv	ed, If institutio	n: Rasidence	befora edmission	n)
	rederick		MARYLANI	e. STATE	Marylar		COUNTY	Fred	lerick	
CITY OR TOWN (	if outside corporete limit d give neerest town)	s, c. LE	NGTH OF STAY IN	c. CITY OI	TOWN (If outside	e corporele limits	, write RURAL	end give ne	eerest town)	
Frederic	k			X	Point of	Rocks				
	3.4			d. STREET	ADDRESS				ON A FARM	?
		ial Hospi								
ECEASED	First		Middle	Lest			Month	Day	Year	
			HENRY		LILLE I	-	1			_
EX	6. COLOR OR RACE	7. MARRIED _ N	NEVER MARRIED	8. DATE OF BIRT	1					-
ale	White	WIDOWED X	DIVORCED [	June 2	7, 1869	00	1110111111	Deys	Hours Min.	
USUAL OCCUPAT	ION (Give kind of work	10b. KIND OF	BUSINESS OR INDU			ite, or foreign co	untry) 12.	CITIZEN OF	WHAT COUNTRY	77
		Rai	lroad	V1	rginia		34 (6)	US	SA.	
										_
Wilson	Barrett				Ann	ie Eliza	Harper	r		
			L SECURITY NO. 17	. INFORMANT		A	ddress			
no, or unkown) (	il yesgive wer of dates of se		ne M	rs. Clara	Metzner.	Brunsw	rick. Ma	arvlan	id	
PART I. DEAT  33 2  Conditions, if engager rise to immed  (e), stelling the units of the units o	H WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  (b) iete ceuse Inderlying	Cer	teriose	n						
		TIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO 1	HE TERMINAL DIS	EASE CONDITIO	N GIVEN IN PA	ART 1(e) 19	. WAS AUTOPSY PERFORMED?	=
								YE		1
OR CONTRIBUTING	CAUSE OF DEATH	2Db. DESCRIBE H	IOW INJURY OCCU	RED. (Enter neture of	injury in Pert I or	Pert II of item 18	1.)			
20c. TIME OF INJU Hour e.m. p.m.	JRY Month, Day, Yee	While N	ot While			(City or town)	0	County)	(Stete)	
					1947 ed 11:304	from the car	uses and o			
	Pohut t	Hugh	(lee)	M.D. PHYS.	DIRECTO	STAFF		12	22b. DATE 2/26/61	D
2. USUAL RESIDENCE (Where decessed lived, it intitution: Residence before edmission country   Frederick   Maryland   S. STATE   Ma										
BURIAL, CREMATEMOVAL (Specify Burial	ION, 23b. DATE THER	EOF 23c.	NAME OF CEMETE	RY OR CREMATORY	23d.	LOCATION (C	ity, town or co	unty)	(Stete)	
R. Etchi	son & Son,	Musen	ADDRESS		DATDEC 2 8	REGISTRAR 25	b. REGISTRAR	'S SIGNATI	PRE	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13914 CERTIFICATE OF DEATH

13882

a, COUNTY		
	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	asidenca before admission)
Frederick		ederick
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
write RURAL and give nearest town Frederick Lifetime	// Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	, d. STREET ADDRESS	e. IS RESIDENCE
Frederick Memorial Hospital	403 Sherman Avenue	ON A FARM?
NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
(Type or print) Harry William Bartg	LS DEATH December 6,	1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 last birthday)	
Male White WIDOWED DIVORCED	September 19,1908 53 yrs. Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		ZEN OF WHAT COUNTRY?
Plumber Ft. Detrick	Frederick, Maryland U.S.	5.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James E. Bartgis	Minnie Estelle Speakes	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
Yes WW 2 4-5-44-3-14-16 214-10-4452 Mrs	s. Baylor Crist Frederick, Mary	land
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	· · · · · · · · · · · · · · · · · · ·	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Romania Go	entre Caromonia	ONSET AND DEATH
1/2/		122/
/62// DUE TO		
Conditions, if any, which (b)		
(a), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH CONTRIBUTING TO COURSE OF DEATH CONTRIBUTING TO COURSE OF DEATH CONTRIBUTING TO COURSE OF DEATH CONTRIBUTING TO DEATH BUT NO COURSE OF CONTRIBUTING TO DEATH BUT NO COURSE OF CONTRIBUTING TO COURSE OF COURSE OF CONTRIBUTING TO COURSE OF COUR	D. (Enter nature of injury in Part I or Part II of itam 18.)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
at work at work	ctory, street, office bldg., etc.)	
	D + 5 10/1 84 / 10	f) . (D ( )
21. I certify that (I) (this hospital) attended the deceased from		
	at death occured at 3.9M, from the causes and on t	
22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
22a. SIGNATURE BOThomas	M.D. PHYS. DIRECTOR PHYS. 12.	22b. DATE
22a. SIGNATURE  BOTHOMAS  22c. PHYSICIAN'S  NAME (Type)	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. B. O. Thomas, Sr. M	M.D. PHYS. DIRECTOR PHYS. 12.  22d. ADDRESS  228 North Market Street Free	22b. DATE SIGNED -7-1961 aderick, Md.
22a. SIGNATURE  BOThomas  22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 12.  22d. ADDRESS  228 North Market Street From Phys. 228 North Market Street Property 23d. LOCATION (City, town or county)	22b. DATE SIGNED -7-1961 aderick, Md. (State)
22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Dr. B. O. Thomas, Sr. M  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  23c. NAME OF CEMETERY	M.D. PHYS. DIRECTOR PHYS. 12.  22d. ADDRESS  228 North Market Street From Cor CREMATORY  23d. LOCATION (City, town or county)	22b. DATE SIGNED -7-1961 Md. (State)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and control of the part of the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. PSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after VR A15 (4) 15M 9/60

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EE September 19,1908 ES

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1361-1-51 Dr. B. O. Thomas, Dr. W.D. 228 North Market Street Frederick, No.

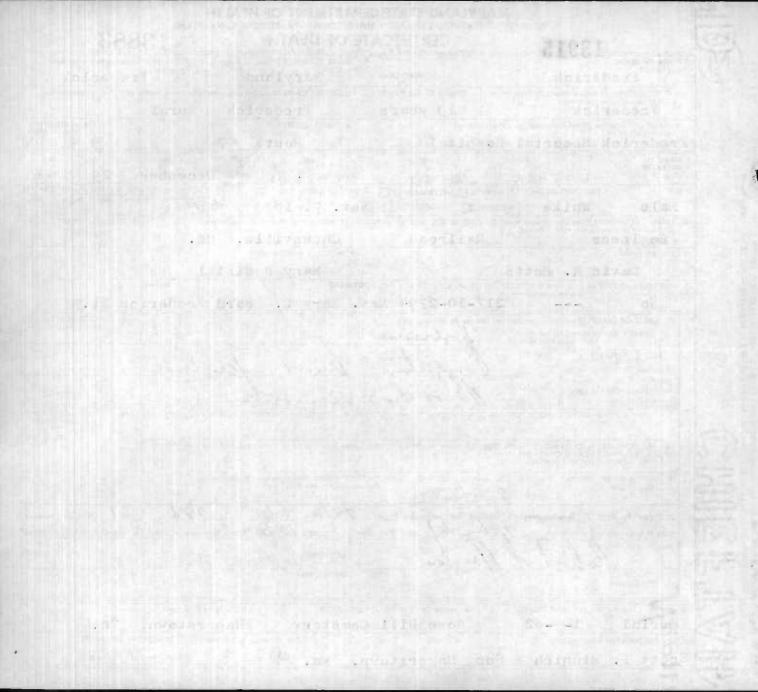
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	13915		CER		TE OF DE	ATH		1	388	33		
1. PLACE OF DEATH	10010		Item 9	Film	7. USUAL RESID	ENCE (Where	deceased liv	ed. If institution	on: Reside	nce befo	re admiss	ion)
o. COUNTY Fred	erick		٨	MARYLAND	o. STATE Ma	rylan	d	b. COUNTY	Fre	der	ick	
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	its, write	c. LENGTH OF	STAY IN 1b				limits, write R	URAL ond	give nec	rest town	)
Freder			13 y	ears	F	reder	ick	Rura	1			
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	give street	oddress)		d. STREET AC	DDRESS					e. IS RES	IDENCE FARM?
Frederick	Memoria:	l Ho	spital			Route	7					NO 🖾
3. NAME OF DECEASED (Type or print)	LUTHE		Davis	iddle d	BETT.	s Sr	DATE OF DEATH I	Mon Decemb		29	,	reor 19 61
S. SEX	6. COLOR OR RACE	7. MARE	IED NEVER M	ARRIED	B. DATE OF BIRTH		9.	AGE (In years lost birthdoy)				R 24 HRS.
Male	White	WIDOWI	DIVO	ORCED 🗌	Nov. 7,	1875	86	8/5/ yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINE	SS OR INDI	JSTRY 11. BIRTHPLA	CE (State or f	foreign count	try)	12. CI	TIZEN OI	WHATC	OUNTRY?
Enginee			Railroa	d	Chew	svill	e, M	ld.				
13. FATHER'S NAME					14. MOTHER'S	MAIDEN NAM	(E					
Davi	d A. Bett	ts			Ma	ry Ru	disil	1				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	Y NO. 17.	INFORMANT			Addi	ess			170
No	If yes, give war or dates of s		7-10-27	94 M	s. Mary	L. B	eard	Freder	rick	Rt	.7	
1B. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), one							INTE	RVAL BE	TWEEN
	TH WAS CAUSED BY:		Wier	nice						ONS	ET AND	DEATH
110	DUE TO		0	,	. /	1	0	10				- 5
Conditions, if on	w which )	/	brille 12	Time	fream	ST	las	lus				
gove rise to in	nmediote (		177	/			The			-		A STATE OF THE PARTY OF THE PAR
couse (o), stoting t lying couse lost.	he under-		Drn	ulin	meen	rosch	-					A. P. Sanda
	ER SIGNIFICANT CON	DITIONS (	ONTRIBUTING TO	O DEATH DU	T NOT RELATED TO	THE TERMINAL	L DISEASE CO	ONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS	AUTOPSY
ATIC				-							PERFO YES	RMED?
20g. ACCIDENT WA	S UNDERLYING []	20b. DES	CRIBE HOW INJU	RY OCCURR	ED. (Enter noture of	injury in Port	I or Port II	of item 1B.)				
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)											
PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour o. m.		or 20d II	NJURY OCCURRED	20e. P	LACE OF INJURY (H	ome, form,	20f. (City or	town)		(County)		(Stote)
Hour o. m.	19	While	Not while_	f	octory, street, office	bldg., etc.)	, ,	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100
		of wor			-20 No.	1-1		201	1	1		-
21. I certify that	(I) (th <del>is hospit</del> al	) attend	led the decea	ised from	25 px	10/5	_ , .to	29 L K				we) last
sow the decease	ed alive on	1976	1961,	ond that	death accurred	AL PM.	, fram the	e causes an	d on th	e date	stated	above.
220. SIGNATURE	what of	1. A	righer	)	M.D. ATTENDING		TOR 🗆	STAFF PHYS.	24		228	SIGNED
22c. PHYSICIAN'S NAME (Type)					22d. ADDRES	SS						
23a. BURIAL, CREMATION	N, 23b. DATE THEREC	)F	23c. NAME OF	CEMETERY	OR CREMATORY	230	d. LOCATION	N (City, town,	or county)		(Stot	e)
Burial (Specify)	1-3-62				Cemeter			rstow		d.	(2.0)	
24. FUNERAL DIRECTOR'S			ADDRESS			25a. REC'D B'	0		,	IGNATU	RE	
Scott F.	Minnich (	& So	n Hage	rstor	an Md	DAMAN 3	'62	Chil	un 8. 1	time		



## tely filled in by the funeral ars. Pages I and 2 should event, within 72 hours after deal page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and colors of director, page 3 should be detached for use as the burial-transit permit. Then pleaser-amove carbon be the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

### MARYLAND STATE DEPARTMENT OF HEALTH

BIVISION	13916	CERTIFI	CATE OF DE	ATH		13884	
. PLACE OF DEAT				RESIDENCE (Whe	re deceesed lived, If i		ce before admissio
	erick	MARY	a. STATE	Md.	b. COUN	TY Frede	rick
	(if outside corporete limits,	c. LENGTH OF STA			corporate limits, write		
writa RURAL an	d give neerest town)		V	Sabilla			
		40 yrs.	ress) d. STREET		PATTIE		I e. IS RESIDENC
d. NAME OF HOSP	HAL OK INSTITUTION (IF I	ot in hospital, give street add	(ess) d. SIKEEI	ADDKE22			ON A FARM
							YES NO
B. NAME OF DECEASED	First	Middle	Last	4. DA'	TE Month	Dey	Yeer
(Type or print)	Fran	klin Lewis	Bierly		TH DEC.	19	1961
S. SEX		MARRIED NEVER MARRIE		Н .	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HR
Male	777 0 1				last birthday)	Months Deys	Hours Min.
		WIDOWED DIVORCE	LI BUE NO	1891	70 yrs.		
ione during most of w	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OF			o, or foreign country)		F WHAT COUNTR
Chef		State Hospit	al Fran	klin Co.,	Penna.	U.S	.A.
3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
Charle	E. Bierly		D	ora M. Tr	0.0037		
		S?   16. SOCIAL SECURITY N		ora m. II	Address		
Yes, no, or unkown)	(If yes give we rordetes of serv	ice)				0 1 177	
Yes	8/4/18 - 8/20			Franklin	L. Bierly		sville,
		use per line for (a), (b), end (	c).]				TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	CORONAR	u corel	12510W		1	o Idou
420.	DUE TO						
Conditions it as		ANTERIOSCI	an Til C	1 0 4	1 6500 8		17 4.0
Conditions, if en	diete ceuse	TICICRIOS	eleone C	FILDIO	NACY CA	K Puzin	10 710
(a), stating the	DIE TO						
ceuse lest.	) (c)						
PART II. OTHE	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO T	THE TERMINAL DISE	ASE CONDITION GIV		19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT W	AS UNDERLYING   2	Ob. DESCRIBE HOW INJURY	OCCURED. (Enter nature of	finjury in Pert I or F	ert II of item 18.)		
OR CONTRIBUTING	G CAUSE OF DEATH						
						100	(5)
20c. TIME OF INJ. Hour a.m.	URY Month, Dey, Yeer	While Not While	20e. PLACE OF INJURY ( fectory, street, office		(City or town)	(County)	(Stata)
nour a.m.	19	et work at work					
	about (I) (about the little	) attended the decease	d from F F h	10/ 0	to Dec. 19	10/- 1	that (1) (ma) 1
		c. 18, 1961,	and that death occur	ed arm,	rom the causes	and on the di	
22a. SIGNATURE	1 +	/ /	ATTENDIN		STAFF		22b. DATE SIGN
17.4	A A. 1	ru/u	M.D. PHYS.	DIRECTOR	PHYS.	19	1 U.L. 6
22c. MYSICIAN'S	D.J.	W . 00	22d, ADD	RESS	1 - 0	/	1 1
NAME (Type	Robert A.	Keifer	1/31	ue Hel	lev di	your el	· Now
3e. BURIAL, CREMAT	TION. 236. DATE THEREO	OF 23c. NAME OF C	EMETERY OR CREMATORY	Y 23d.	LOCATION (City, tov	vn or county)	(State)
REMOVAL (Specify		Rothol C			shington (		cland

24 FUNERAL BIRECTOR'S SIGNATURE

peruer cemerer ADDRESS

Waynesboro, Penna.

25a. REC'D BY REGISTRAR DATE DEC 2 6 '61

256. REGISTRAR'S SIGNATURE C. Thung S. Kraves

alabanhara. . 927 03 Fredhin both Blordy AME. 23. 1391 70 State Bougatel Translate Co., Penns Cornell . Tracor time is . a softwill Test 18/2/18 + 8/20/18 - 219 36 2001 - 219 16 2001 | 15 2002 | 15 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 2002 | 16 Sense A cy diction accompany to the sense The state of the section of the sect the state of the state of the state of the state of to to Ton a director

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States 22/21/61 Bethal Owesery Washington Co. Pargland

Notice of the second of the se

MILLSHOT CHARLE

### FOR STATE HEALTH DEP any delay is necessary, funeral director, page fained for your files. Health, TO TOUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death "any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. Inneral direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be stained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within Parlours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

	4444-444	mulia Sivin mi	at Water and and		
<b>Division of STATIS</b>	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON S	TREET, BALTIMO	RE 1, MARYLAND
13917	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	13885

1.	PLACE OF DEAT	Frederick		M	ARYLAND	2. USUAL RESIDE: •. STATE	NCE (Where deceese	b. COUNTY		dence before	
1		if outside corporete limi	ts,	c. LENGTH OF			(If outside corporate	limits, write R			
	Frederic	give neerest town)		Year	g	// F:	rederick				
[-		TAL OR INSTITUTION (	if not in hosp	pitel, give street	eddress)	d. STREET ADDRES	is				RESIDENCI
	22h East	Third Stre	et			221 1	East Third	Stree	t	YES	NA FARM
3.	NAME OF	First	and pull	Midd	le	Last	4. DATE	Month			er
12	DECEASED (Type or print)	EMMA		SUSA	N B	LUMENAUER	OF DEATH	Decem	ber 3		61
5	. SEX	6. COLOR OR RACE	7. MARRIET			DATE OF BIRTH	9. AG	E (In years   If			ER 24 HRS.
h	Female	White	WIDOWEL	-		October 1,		birthdey)	Months Dey	rs Hours	Min.
10	Da. USUAL OCCUPAT	ION (Give kind of work	1Db. KI	ND OF BUSINES		11. BIRTHPLACE (Ste		, , , ,	12. CITIZE	N OF WHAT	COUNTRY
	House-work	orking life, even if retire	d)	At Hon	16	Ma	aryland		U	ISA	
	. FATHER'S NAME					14. MOTHER'S MAIDE					
	Samue	l Mort				Mar	garet Wale	leck			
	. WAS DECEASED EV	ER IN U.S. ARMED FOR		SOCIAL SECURI	IY NO.   17. I	NFORMANT	6	Address			
()	(es, no, or unkown)	fyes give war or detes of se	ervice)	None	Mre	s. Nina B. 1	Wiles-Same	as Ite	m #1		
-		EATH [Enter only one	ceuse per li							INTERVAL B	ETW/EEN
	PART I. DEAT	H WAS CAUSED BY:				ar .				ONSET AND	
	111	IMMEDIATE CAUSE (e)	COR	ONARY O	CTOSTO	N				WINGOG	
	177	O DUE TO					4.6973			10 Years	
B	Conditions, if eny		ART	ERIO-SCI	LEROTIC	HEART DISE	ASE			To le	ars
	geve rise to immediate ceuse (e), stetling the underlying  DUE TO										
	cause lest. (c)										
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN								I IN PART 1(e		AUTOPSY ORMED?
K	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 2Db. EXTERNAL CAUSE WAS PRIMARY OF OCCURED. (Enter neture of Injury In Pert I or Pert II of Item 18.)  PART II. OTHER SIGNIFICANT CONDITIONS  2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert II of Item 18.)  CAUSE OF DEATH.									YES	NO Y
Ę	2De. EXTERNAL CAUSE WAS   2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY   or CONTRIBUTING										
		MIKIBUTING									
MEDICAL	20c. TIME OF INJU	IRY Month, Dey, Yes		NJURY OCCURR		CE OF INJURY (Home, fa		own)	(County)		(State)
VED!	Hour a.m.	10	While at work		facto	ry, street, office bldg., e	orc.)				
_	- Print	nat I took charge o	-		d above, he	d an Autopsy .	Inspection X	Inquiry	T a	nd in my	opinion
	death resulted		mm-1	Accident	. Suici	. 🗖		rmined mar			оринон
13	death resulted	iroin: ivaidiai ca	maes .	Accident		CHIEF MEDICAL		mined mar	11101		
	ACTUAL	DA	20		- , /	A	_	-			-
19	SIGNATURE	15V1	10	22.5		M.D.	EDICAL EXAMINER	1		DATE SIGNED	
	EXAMINER'S	TO 0 101		AL EXAMINER		12	/30/19	61			
7 22	NAME (Type)  20. BURIAL, CREMATIC	B. O. TH		M.D. 22c. NAME OF	CEMETERY OR		22d, LOCATION		-		ete)
	REMOVAL (Specify	)					_		a country)		
	urial	Jan.2,196	2 >0	Mount	Ulivet	Cemetery		rick,		Maryl	and
1 2	3. FUNERAL DIRECTO	5 dalas	1	ADDRESS		1 74a P	EC'D BY REGISTRAR I	24b. REGIST	INAP'S SIGN		
		1. 6 10000	1 rec	sever	•	and DATA			on S. Kro		

VS. A15ME 5M 7/59

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The farmer Land, Delical and Land and Land

VR A15 (4) 15M 9/60 69

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13918

CERTIFICATE OF DEATH

a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Frederick Memorial Hospital  3. NAME OF DECEASED [Type or print]  1. Sabel Haryland  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Harmony Grove  d. STREET ADDRESS  4. DATE Month Day Year OF DECEASED OF DECEASED  The Color or RACE To MARRIED NEVER MARRIED  5. SEX 6. COLOR OR RACE TO MARRIED NEVER MARRIED  1. SAGE (In years   IF UNDER 1 YEAR   IF UNDER 24   Institute of the color of Birth Days Hours   Institute of the color of Birth Days   Institute of the
write RURAL and give nearest town) Frederick  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Frederick Memorial Hospital  3. NAME OF DECEASED (Type or print)  Tsabel  Houck  Bowers  Harmony Grove  d. STREET ADDRESS  d. STREET ADDRESS  AND DECEASED OF DEATH OF DECEMber 20, 19 6.  SEX  6. COLOR OR RACE 7. MARRIED  NEVER MARRIED  B. DATE OF BIRTH  9. AGE (in years   If UNDER 1 YEAR   IF UNDER 2 YEAR   IF UNDER 2 YEAR   IF UNDER 2 YEAR   IF UNDER 2 YEAR   IF UNDER 3
Frederick 2 weeks  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Frederick Memorial Hospital  3. NAME OF DECEASED (Type or print)  I sabel  Houck  Bowers  Harmony Grove  d. STREET ADDRESS  d. STREET ADDRESS  d. STREET ADDRESS  A. DATE OF DECEMBER 2  OF DEATH  December 20, 19 6  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 1 YEAR   IF UNDER 2   IF UNDER 3   IF UNDER
Frederick Memorial Hospital.  3. NAME OF DECEASED (Type or print)  Isabel Houck Bowers  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  P. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24   lest birthday)   Months   Days   Hours   Amonths   Days   Amonths   Amonths   Days   Amonths   D
Frederick Memorial Hospital.  3. NAME OF DECEASED (Type or print)  Tsabel Houck Bowers  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24   Lest
DECEASED (Type or print)  Isabel Houck Bowers  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR   If UNDER 24   If U
(Type or print)  Isabel Houck Bowers  Death December 20, 19 6.  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 lest birthday) Months Days Hours A Hours And Annual Color of the Color of t
lest birthday   Months   Days   Hours   A
Female   White   widowed   Sept. 22, 1900   61 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COU
Housewife Frederick Co. Maryland U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Charles S. Houck Virginia Cromwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yas, no, or unkown)   (Ifyas give war or datas of sarvice)
No None None None None None None None No
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF STOMACH  ONSET AND DEA
/ E / V DUE TO
gave rise to immediate cause
(a), stating the underlying DUE TO
causa last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORM
YES 🔣 NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORM YES NO OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF CAUSE OF DEATH OF CAUSE OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF CAUSE OF DEATH OF CAUSE OF CAUSE OF DEATH OF CAUSE OF D
20c. TIME OF INJURY Month, Day, Yaar Hour a.m. 20d. INJURY OCCURED While Not While at work at work at work 19
21. I certify that (1) (this hospital) attended the deceased from 9/9 1960, to 12/20, 1961, that (1) (we
saw the deceased alive on
ATTENDING MED. STAFF S
Keehard C- Reynolds, M.D. PHYS. DIRECTOR   PHYS.   12-20-1961
22c. PHYSICIAN'S NAME (Typa)  22d. ADDRESS
Dr. Richard C. Reynolds M.D. 9 East Church Street Frederick, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State REMOVAL (Spacify)
Burial 12-22-1961 Mt. Olivet Cemetery Frederick, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  258. REC'D BY REGISTRAR'S SIGNATURE
Robert E. Dailey & Son Frederick, Maryland DATDEC 26'61 Crima S. Thans

No inchests edecar 2 painting

hen ligned

Barreony Groves

December 20,

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Prederick Memorial Hospital

Hougie Lectes

Senaio Milto

Sliwer voll

Churles S. Kettele

Howers

Sent. SE, 1900 CL

Productok Co. Maryland U.B.A.

(Lengthia (Lengthia)).

Mone | Ir. G. Hunter Bowers Harmory Grove Fred. 18.

1961-00-30

ir. Signard C. Reymolds M.D. 9 Sant Courab Street Prederick, Mi.

Errial 12-22-1951 No. Olivet Compton; Producted, Derviced

Robert L. Diller . Con Irefrick, Laryland

### FOR STATE

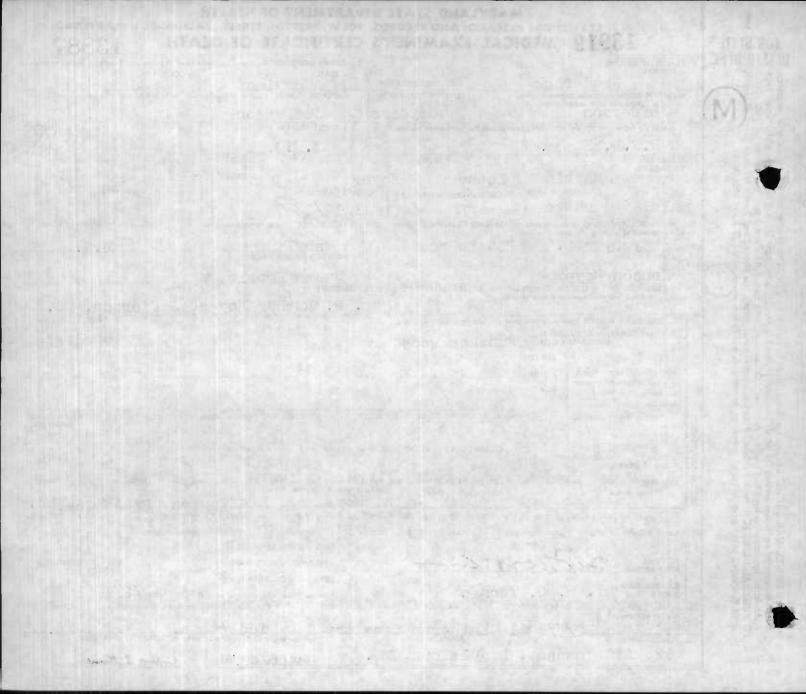
### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13919 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13887

13887

		PLACE OF DEATH  e. COUNTY				institution: Residence before edmi	ssion)				
		Frederick	MARYLAND	e. STATE	and b. cour	m Frederick					
1	-	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16			RURAL end give neerest town)	-				
1		write RURAL end give neerest town) Jefferson	40 years	X Jeffe							
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDE					
X		R.F.D. 1		R.F.D	. 7	ON A FA	D F				
	3.	NAME OF First	Middle	Last	4. DATE Mont		- 5454				
		(Type or print) Martin T.	uther Boy	er	OF DEATH 70	2 187					
	5.	SEX   6. COLOR OR RACE   7. MAI		DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR   IF UNDER 24 I	HRS.				
	I	nolo lihito	WED DIVORCED	11/13/1887	lest birthdey) 74 yrs.	Months Deys Hours M	Ain.				
		e. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stete	or foreign country)	12. CITIZEN OF WHAT COUN	NTRY?				
	13.	Laborer, ret. Is	tate road	Maryla:		U.S.					
T		Henson Boyer		Susan K	ongle						
1		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I		Address						
	(10	s, no, or unkown) (Ifyes give weror detes of service)	Mr	s. M. Luth	er Bover. Je	efferson, Md.					
		18. CAUSE OF DEATH  Enter only one cause p			7	INTERVAL BETWEE					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	nshot wound			immediate					
		976X DUE TO	WOULK!				w/				
		Conditions, if eny, which (b)									
		geve rise to immediate cause (e), stating the underlying DUE TO									
		ceuse lest. (c)									
0	NOI	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTO					
	S					YES NO	to complete				
	CERTIFICATION	20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURED. (E	nter neture of injury in Per	t I or Pert II of item 18.)						
	MEDICAL			CE OF INJURY (Home, farm		(County) (State	e)				
	MED		work of work at	home	Jefferson	Fradorial Ma	9				
		21. I sertify that I took charge of the	remains described above, he	ld an Autopsy,	Inspection X, Inquir	y k, and in my opini	on				
		death resulted from: Natural causes [	, Accident , Suici	de X. Homicide		anner					
		OMO		CHIEF MEDICAL	EXAMINER T						
		SIGNATURE SUCHEN	ras	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED	D				
2		EXAMINER'S TO TO THE		DEPUTY MEDICA	L EXAMINER						
de		NAME (Type) Dr. B. O. The			city, town, or county)	12/2/1961					
	220	BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	or country) (State)					
98		purial 12/5/1961	Tutheran Ceme		Jiddletown.	ISTRAR'S SIGNATURE					
X	23.		iddæetown, Md.								
0		Omparty 9 II	radicoowii, ind.	DATE D	<u>C 5 '61   a</u>	Mun S. Kraus					

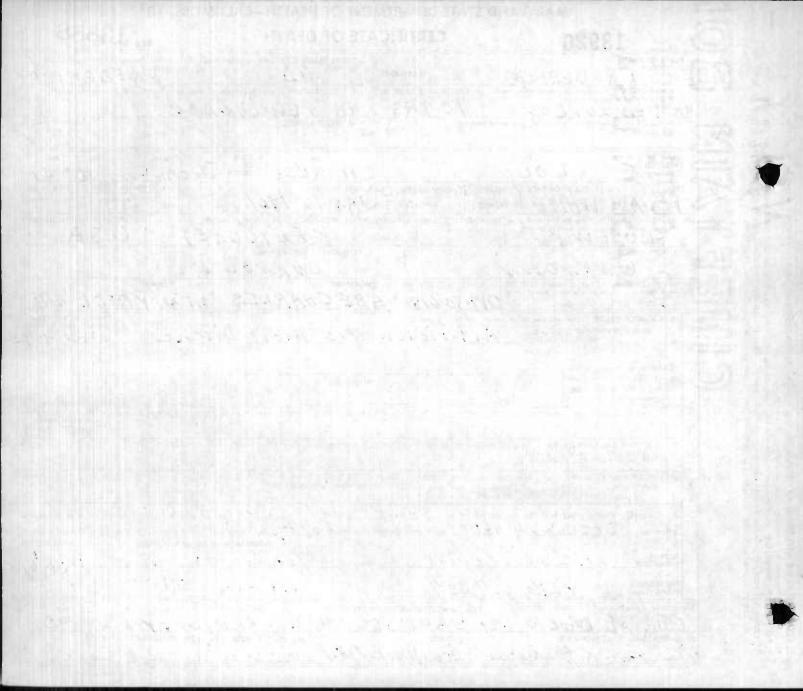
HEALTH DEPT PULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death "Tony delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board & Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59



9 VVVVVVXVI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13921 CERTIFICATE OF DEATH

1388 13889

n. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)					
Frederick	*. STATE Maryland b. COUNTY Frederick					
b. CITY OR TOWN (if outside corporete fimits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)					
write RURAL and give neerest town) Frederick Since 11/13/61	X Frederick-Rural RD#6					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS					
Frederick Memorial Hospital	Reich's Ford Road ON A FARM?					
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF					
(Type or print) REESE ERNEST C	LABAUGH December 10, 19 61					
5. SEX  Male  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED	8. DATE OF SIRTH  30 May 1910  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Self-employed Horse Trainer	Ladiesburg, Md. USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
George E. Clabaugh	Etta Birely					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address					
(Yes, no or unkown) (If yes give weror deles of service) 220-10-5391 Mr	s. Emily J. Clabaugh (Same as item #2)					
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gave rise to immediate ceuse (a), stating the underlying  DUE TO	7 Lug with Interval agriween ONSET AND DEATH ONSET AND DEATH of Service of the one of the original of the original of the original origina					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?  YES X NO .					
	D. (Enter neture of injury in Part I or Part II of item 18.)					
	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)					
	, 19, 19, 19, that (I) (we) last					
	at death occure 2:32P.M, from the causes and on the date stated above.					
220. SIGNATURE	ATTENDING MED. STAFF PHYS.   ATTENDING DIRECTOR PHYS.   12 Dec 1961					
PHYSICIAN'S NAME (Type) Nelson G. Goodman, M. D.	810 Toll House Ave., Frederick, Md.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)						
Burial (Specify) 12-14-61 Flint Hill C						
M. R. Etchison & Son, Frederick, Maryi	DATE DEC 1 3 '61 Could S. Hours					

A COL 20 meneral Since LEAS of the Frederick-Lucal and | Sand Brown a transport | Sand Brown | Indicate | Fare | Sand Brown | edial bird where trainer and cours, be. bmyclome-1.cad Minute Company Cearge J. Classon Bloomican ends) Spendant to Wind ten 1004-14030 Colombia of his will be when there is a particle

, of the con-

BULLIAN SCHOOL SETTEMENT OF THE LEGISLES COMMON STATEMENT OF THE L M. H. Medidan a soi; Propries of the special

# ely filled in by the funeral rs. Pages 1 and 2 should hours after death. TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FONERAL DIRECTOR: After this certificate has been signed by the attending physician and contained in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, whim 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION CERTIFICATE OF DEATH 13890

).	e. COUNTY Fred	erick		MARYLAN		2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE Maryland Frederick							
	b. CITY OR TOWN (	(if outside corporete limits d give nearest town) Rural RD#1	i,	c. LENGTH OF STAY IN		c. CITY OR TOWN (	If outside corporate limits	, write RURAL en		LVAL	n}		
-		TAL OR INSTITUTION (IF	not in hosp			d. STREET ADDRESS	er ter-nurar	TUML		e. IS RI	SIDENCE		
	Worman's					Worm	an's Mill				NO		
3.	NAME OF DECEASED (Type or print)	First NAOM	I	Middle		CLEMSON	4. DATE OF DEATH	Month Decembe	r 8	Yeer			
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7   8.	DATE OF BIRTH	9. AGE (In	LIE LINIDED 1					
I	remale	White	WIDOWED	720	2	9 Dec 1877	last birth	day) Months	Deys	Hours	Min.		
10 de	one during most of we House-w	TION (Give kind of work orking life, even if retired OPK	)	D OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Cour.	nty & State, or foreign con		IZEN O	F WHAT C	OUNTRY?		
13	FATHER'S NAME				1	4. MOTHER'S MAIDEN							
		son Troxell					eth Zacharia	23					
		ER IN U.S. ARMED FORCE If yes give wer or detes of se		3-40-6714		nk C. Clems		ddress s item #:	1)				
		H WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Which	ceuse per lin	e for (e), (b), end (e).]	He	maril	rage			ERVAL BET SET AND D			
CERTIFICATION		DUE TO (c)_ R SIGNIFICANT CONDITI									UTOPSY RMED? NO		
	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URED. (	Enter neture of injury In	Part I or Pert II of item 18	-)					
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	JRY Month, Dey, Yeer	20d. IN While et work	Not While		OF INJURY (Home, farm y, street, office bldg., etc		(Cou	inty)		(Stete)		
	21. I certify t	hat (I) (this hospital	'	11	- 7	Park 15	A M, from the cau			nat (I) (			
	220. SIGNATURE	rd O He	mu	, Jr., M. I	M.D	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	□ 8	Dec	196J	DATE		
23		ION, 23b. DATE THERE		Mount Oliv			Frederick,			(St	lete)		
24	funeral director M. R. Etc.	r's signature flightson & Son,	Free	erick Mary	lan	25e. REC	DEC 1 1 61	REGISTRAR'S	SIGNA	1285a			
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### FOR STATE HEALTH DEP

Any delay is necessary, it inneral director. Page retained for your files. of Health. TC PULTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. F any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. It funeral distanced be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 per be "clained for TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Boas or its designated agent, prior to burial, cremation, or removal, and in any event within 72 outletter death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1200-MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13891 1392 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		PLACE OF DEATE a. COUNTY  Free	lerick		2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission)  a. SMaryland b. COUNTRederick								
		b. CITY OR TOWN (I write RURAL and rederick	foutside corporate limi give naarast town)	is,	e. LENGTH OF ST		c. CITY OR TOWN (If outside corporata limits, write RURAL and given   // Frederick					arest town	)
Ž	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)				d. STREET ADDRESS					e. IS RES		
9			Memorial	Hospit	tal		II5 Coto	octin A	ve.		4	YES   I	FARM?
		NAME OF DECEASED (Typa or print)	Clyde	Wi	Middle illiam	C	ook	4. DAT	TE Mon		Day	Yaar 196.	I
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1  Months   Months											F UNDER 2	
		Male	White	WIDOWED	DIVOR	ED A	ugust 17,	1917	yrs.	Months Da	ys	Hours	Min.
	do		ON (Give kind of work rking life, even if ratira frighters		D OF BUSINESS C	OR INDUSTRY	Frederi				S.A	WHAT CO	UNTRY?
B	13.	FATHER'S NAME					14. MOTHER'S MAI	IDEN NAME					-
	F	Raymond W	Cook			-	RECURSION	Vexbears	Pansy Wa	atters			
	15. (Ya:	WAS DECEASED EVI s, no, or unkown) (If Yes	R IN U.S. ARMED FOR yas give war or datas of selection. Navy	ervica)	-03-0550	NO. 17. II		Cook,	Addres Fredd <b>e</b> ri	15	•		
		PART I. DEATH	EATH [Enter only one I WAS CAUSED BY; MMEDIATE CAUSE (a)				Thrombos	sis				T AND DE	
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying  DUE TO  Myocardial I nfarction  2 days  DUE TO											
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES P NO									MED?		
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRISE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.)											
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour e.m. While Not While et work at											
		21. I certify th	at I took charge o	f the remai	ins described a	above, hel	d an Autopsy	, Inspecti	on XX, Inqui	ry XX,	and in	my opi	inion
E		death resulted f	rom: Natural ca	uses XX,	Accident	], Suicie	de . Homic	ide,	Undetermined r	nanner 🗍			
3			- 0	PER S		19.75	CHIEF MEDIC	CAL EXAMINER		1100			
5		ACTUAL SIGNATURE	1307hm	me	23		M.D. ASSISTANT	MEDICAL EXA	MINER -		DA	TE SIGN	ED
		EXAMINER'S						DICAL EXAMIN	ER X Dece	ember 2	26,1	196I	
3		NAME (Typa)	B.O. Thomas	M.D.			Addrass (Str	reat, city, town,	or county)				
	22a	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THERE	OF 2	2c. NAME OF CE	EMETERY OR			CATION (City, tow	n, or country)		(Stata)	
		urial	12-28-19	61 F	rederick	Memor	rial Park	Fred	lerick Ma	ryland	NIA 7110	-	
	1	obert E	bulley and	Son F	rederick	. Mam		FC 2 9 '6		hun S. Hu		E	
	11	OPELU	The state of the s	DOIL F	I GUGT TOW	THE THE	JAMES I DAIL	EU 6 3 0	· I con	- 1 D. 1VV			

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B.O. Bromns, N.D. Stromer, D.E. Westerner, D.E. Westerner,

Rebert E. Battley and Con Frederick, Muryland House, 1911

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ted within 24 hours after etely filled in by pers. Pages 72 hours after TO SOPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exp. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condirector, page 3 should be detached for use as the burial-transit permit. Then please remove carban be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13892

	H			2. USUAL RESIDEN	ICE (Where deceased	ived, If institution: Re	esidence before admission			
a. COUNTY Free	lerick		MARYLAND	a. STATE Mar	yland	. COUNTY Free	derick			
		its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete lim	its, write RURAL and	giva nearest lown)			
write RURAL end	d give neerest town)		Years	X Lim	e Kilm					
b. CITY OR TOWN (if outside corporate limits, write RURAL Lime Kiln  c. CITY OR TOWN (if outside corporate limits, write RURAL Lime Kiln  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  J. S. SEX		e. IS RESIDENCE								
	G. STREET ASSERTS			ON A FARM						
	First		Middle	Lest		Month	Dey Yeer			
	LUTHE	R	VICTOR	COOK		December	28, 1961			
Cook   Death   December 26										
Male				29 Aug 1881		7710111111	Peys Hours Min.			
10a. USUAL OCCUPAT	ION (Give kind of work	d)				country) 12. CITI	ZEN OF WHAT COUNTR			
			ilroad Company	Maryla	nd	US.	A			
13. FATHER'S NAME										
Benjamin Co	ook			Elizabeth	Stockman					
15. WAS DECEASED EV	ER IN U.S. ARMED FOR		SOCIAL SECURITY NO.   17.	INFORMANT		44 .				
	If yes give weror dates of s	ervice) 7	05-10-2069 M	ehrl C. Cook	(Same as	item #1)				
	DEATH (Enter only one	Cause Der	line for (e). (b), and (c) ]				I INTERVAL BETWEEN			
			illie for (e), (b), and (c).]	0			ONSET AND DEATH			
Momenta IMMEDIATE CAUSE (a) Paranary Orchische										
410	The state of the s									
Constitution in	30110	W. V	esta cina at	handut:	Luc + NI	ALRAD.	Ulane			
		HYA	minoria am	morama	near i a	www.	jear			
	> DUE TO	11					111			
		0					V			
Z PART II. OTHE	R SIGNIFICANT CONDI	TIONS COL	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	1(e) 19. WAS AUTOPS			
6		-					PERFORMED?			
5				(F. ) (1.1. ) (1.1. ) (1.1. )	D. 11 - D. 11 - Ch	10.1	I IES   NO F			
OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJU	JRY Month, Dey, Ye	er   20d.				n) {Cour	nty) (State)			
Hour a.m.			1101 111110	tory, street, office bldg., e	c.)					
-				1116	// /3	120				
21. I certify	that (I) (this hospi	ital) atten					(a, that (I) (we) I			
saw the decea	sed alive on	12/0	19. (a), and tha	death occured de.	30M, from the	causes and on t	he date stated abo			
220. 3.3.1.1012	6	1.		NINE PINCETON DIVE						
1	annow.	Ins	mar,	1.0.	DIRECTOR   PHI		200 2702			
	James B.	Thoma	s, M. D.		rket St.,	rederick,	Md.			
230. BURIAL, CREMA	TION, 236. DATE THE									
Burial	12-31-6		Mount Olivet	Cemetery	Frederic	k, mary tar	I GL			
24 FUNERAL DIRECTO	R'S SIGNATURE	0	ADDRESS -	25a. R	EC'D BY REGISTRAR	256. REGISTRAR'S	SIGNATURE			
M. R. Etc		Trad	derick, Maryla							
	HTAOR OF CAL	2 555	mar A Town	n I	100 1CA					
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### FOR STATE HEALTH DEPT.

of thealth, ny delay is necessary, funeral director. Page tained for your files. The State Boar death. PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and with the or its designated agent, prior to burial, cremation, or removal, and in any event within 72 thurn the VS. A15ME

5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13925 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13893

o. COUNTY Frederick	MARYLAND	STATE	ICE (Where deceesed lived, If in b. COUNT)							
b. CITY OR TOWN (if outside corporete limits, write RURAL and give negrest town) Monrovia-Rural	c. LENGTH OF STAY IN 16		(If outside corporete limits, write l	RURAL end give n	eerest town)					
d. NAME OF HOSPITAL OR INSTITUTION (if n	ot in hospital, give street address)	d. STREET ADDRESS			. IS RESIDENCE					
Near Kemptown		Near	Kemptown		YES NO					
3. NAME OF First	Middle	Last	4. DATE Month	Oay	Yaar					
(Type or print) GARY	EUGENE	COOPER	OF DEATH Dece	ember 4,	19 61					
THE A SECOND	MARRIED NEVER MARRIED X	27 Oct 1957	9. AGE (In yeers I lest birthdey)	Months Deys	Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) Infant	106. KIND OF BUSINESS OR INOUST	ry 11. BIRTHPLACE (Stete Frederick		12. CITIZEN OF	WHAT COUNTRY					
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1						
Leroy Cooper		Nana Joyce	Drewrey							
15. WAS DECEASED EVER IN U.S. ARMED FORCE: (Yes, no, or unknown)   (If yes give wer or detes of service)		INFORMANT	Address							
(Yes, no, or unkown) (If yes give wer or detes of serving)	None Le	roy Cooper	(Same as item #	41)						
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]										
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Instant								
Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIO  20e. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH.	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	nal disease condition given		P. WAS AUTOPSY PERFORMED?					
20e. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Part II of item 18.)  Lause OF DEATH.  Jrusk bask over head of childs										
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2DK (City or town) (County) (State)  Hour / 2/i4 19 6/ et work at work X  Horre Mens, ferm, 2DK (City or town) (County) (State)										
21. I certify that I took charge of t	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion									
death resulted from: Natural cause	es , Accident X, Suid	ide, Homicide		nner 🔲						
		CHIEF MEDICAL	EXAMINER	17-17-1-1						
ACTUAL SIGNATURE	D	ATE SIGNED								
EXAMINER'S NAME (Type) B. O. Thoma	s, M. D.		L EXAMINER K	6 Dec 19	961					
228. BURIAL, CREMATION, REMOVAL (Specify) Burial 12-7-61	Bethel Cemete		Taylorstown, Va		(State)					
Mark. Etchison & Son,	Frederick, Marylan	ad 24a. REG	C'D BY REGISTRAR   246. REGIS		RE					

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TO VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13926 CERTIFICATE OF DEATH 13894

1. PLACE OF DEA				2. USUAL RESIDENCE (Where decesed lived, If institution, Residence before edr						
			MARYLAND	1)			rrege			
b. CITY OR TOWN write RURAL e	(if outside corporete limi	ts,	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outside corpo	rate limits, write	RURAL end g	jive neeresl town)		
Walkersv:	DOUNT Frederick  MARYLAND  O. CHY OF TOWN (if outlide corporate limits, write RURAL and give nearest love)  Walkersville—Rural  I. AME OF HOSPILL OR INSTITUTION (if not in heapite), give street eddress)  Near Walkersville  NAME OF JOSPILL OR INSTITUTION (if not in heapite), give street eddress)  Near Walkersville  NAME OF JOSPILL OR INSTITUTION (if not in heapite), give street eddress)  Near Walkersville  NAME OF JOSPILL OR INSTITUTION (if not in heapite), give street eddress)  Near Walkersville  NAME OF JOSPILL OR INSTITUTION (if not in heapite), give street eddress)  Near Walkersville  NAME OF JOSPILL OR INSTITUTION (if not in heapite), give street eddress)  Near Walkersville  NAME OF JOSPILL OR INSTITUTION (if not in heapite), give street eddress)  NEAR Walkersville  NAME OF JOSPILL OR INSTITUTION (if not in heapite), give street eddress)  NEAR Walkersville  NAME OF JOSPILL OR INSTITUTION (if not in heapite), give street eddress)  NEAR Walkersville  NAME OF JOSPILL OR INSTITUTION (if not in heapite), give street eddress)  NEAR Walkersville  NAME OF JOSPILL OR INSTITUTION (if not in heapite), give street eddress)  NEAR Walkersville  NAME OF JOSPILL OR JOSPI									
d. NAME OF HOS		e. IS RESIDENCE								
Near Wall	kersville			Ne	ear Walkers	ville		YES NO		
3. NAME OF DECEASED	First		Middle	Last		Month	I	Dey Yeer		
(Type or print)	**COUNTY Frederick**  **CHOR TOWN (If outlide corporate limits, will a RURAL and give necessare lows)  **Alkersville-Rural**  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital, give street eddress)  **LANAMO of Hospital Cannibution (if not in hospital)  **LANAMO o		15, 19 61							
5. SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED 8	. DATE OF BIRTH	9.					
Female	White	WIDOW	ED X DIVORCED	13 Jan 18	390	71	Months Da	ys Hours Min.		
done during most of	working life, even if retire	( 10b.				oreign country)		EN OF WHAT COUNTRY		
13. FATHER'S NAME	1011		110 HOME				ODA			
John F.	Thompson									
15. WAS DECEASED	EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17. 1			Address				
	(If yes give we ror detes of s	ervice) 2	212-24-3515 Mrs	s. Ruth F	Roderuck	(Same	as ite	em #1)		
18. CAUSE OF	DEATH Enter only one					(2000	1	INTERVAL BETWEEN		
	ATH WAS CAUSED BY:			1	-un			SING +		
IMMEDIATE CAUSE (a) COMMUNICATION TO THE PARTY OF THE PAR										
1			A T C.O.	+ 1	a de de			5m-21		
	(0)									
	DUE TO									
PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) PERFORMED YES NO									
OR CONTRIBUTIN	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH									
20c. TIME OF IN	JURY Month, Day, Ye	er   20d				or town)	(County	y) (State)		
Hour e.m. While Not While factory, street, office bldg., etc.)										
		1		WX +	10	Day 1 de	10/	1 11 1 (1) ( ) 1		
		tal) atte	nded the deceased from.	death occurs						
	Be	in	lamas M	.D. PHYS.	DIRECTOR _		16	Dec 1961 SIGNE		
		mas,	M. D.			., Fred	erick,	Md.		
23e. SURIAL, CREMA	ATION, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, tow	n or county)	(Stete)		
Walkersville-Rural  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  Near Walkersville  Near Walke			nd							
24 FUNERAL DIRECT	OR'S SIGNATURE	nes	Planeth b		25e. REC'D BY REGISTI	RAR 25b. REG	ISTRAR'S SIC	GNATURE		
		n, Fr	ederick, Maryla	ind	DATDEC 2 0 '61		. 0 4			
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THOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after in. Page 4 may be retained by the hospital or attending physician.

C. TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c. dely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13097 CERTIFICATE OF DEATH
13895 13927 13895

1. PLACE OF DEATH  • COUNTY  Frederick  MARYLAND										
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	25	ve neerest town)								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 216 West Petemae Street	d. STREET ADDRESS	ON A FARM? YES NO-16								
3. NAME OF First Middle	Last 4. DATE Month D									
(Type or print) William Grayson Ci	unomings   DEATH 12 19	1961								
b. CITY OR TOWN (II outside corporate limit).  b. COLLEGE OF TOWN (II outside corporate limit).  b. COLLEGE OF TOWN (II outside corporate limit).  b. COLLEGE OF TOWN (II outside corporate limit).  c. CITY OR TOWN (II outside corporate limit).  b. COLLEGE OF TOWN (II outside corporate limit).  c. CITY OR TOWN (II outside corporate limit).  b. AST (II outside Corporate limit).  c. CITY OR TOWN (II outside corporate limit).  b. AST (II outside Corporate limits).  c. CITY OR TOWN (II outside corporate limits).  c. CITY OWN (II outside corporate limits).  c. CITY OR TOWN (II outside c										
done during most of working life, exen if retired)										
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
(Yes, pg. or unkown) (Iffves give war or detes of service)		e. Md.								
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH  5 min								
434./ DUE TO	<i>)</i> Ш.Н.									
geve rise to immediate cause	rt Failure	5 yrs.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	PERFORMED?								
OR CONTRIBUTING [] CAUSE OF DEATH	). (Enter neture of injury in Pert I or Pert II of item 18.)									
Hour e.m. While Not While fectory, street, office bldg., etc.)										
AIN	ATTENDING MED. STAFF 22b. DATE									
NA ME (Type)		rick, Md.								
REMOVAL (Specify)	OR CREMATORY 23d., LOCATION (City, town or county)	(Steta)								
24 FUNESAL DIRECTOR'S STONATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE								
By Lee Lede Brunswick, Maryland	DADEC 27'61 Cirilian S. Fira	MA								

HS 219 to the property 正面。 

### FOR STATE HEALTH DEPT.

tuneral director. Page stained for your files. delay is necessary, of Health PULTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death "Cry delay is n please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. Inneral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may-be refained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12029 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12206

-	してんり										
Frederi	Н				2. USUAL F	ESIDEN	ICE (Where	deceesed lived, I b. COU	f Institution: Residen	nce before edmission	
Frederi	ck		1	MARYLAND	6. 31A1E	Mar	yland	B. COU	Fred	derick	
write RURAL an	(if outside corporete lim d give neerest town)	nils,	c. LENGTH	OF STAY IN 16	c. CITY OF	NWOT	(If outside cor	porate limits, wr	ite RURAL end give	neerest town)	
Frederi	ck		Hr	S	// Fre	der	ick				
d. NAME OF HOSP	TAL OR INSTITUTION	(if not in hos	pilal, give stre	et address)	d. STREET	ADDRESS		17		e. IS RESIDENCE	
D.O.A	Frederic	k Men	norial	Hosp	46	0	West	Patri	ck	YES NO NO	
3. NAME OF DECEASED	Firs	1	Mi	ddle	Last		4. DATE	Mon	Ih Dey	Yeer	
(Type or print)	Bernard		Silv	ester	Duval	.1	DEAT	H 12	-21-61	19 61	
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER A	ARRIED   8	. DATE OF BIRTI	Н		9. AGE (In yeer	S IF UNDER 1 YEAR		
Male	Negro	WIDOWE		VORCED	10-2-1	.886		75 yrs.	Months Days	Hours Min.	
10e. USUAL OCCUPA	ION (Give kind of wor	k 10b. K	IND OF BUSIN	ESS OR INDUSTR	Y 11. BIRTHPLA	CE (Siele	or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY	
Constru		90)			Maryl	and			U.S	3 - A	
13. FATHER'S NAME					14. MOTHER'S		NAME		0.2	· A	
Bernard	Silveste	r Duy	all		Unk	now	n				
15. WAS DECEASED EN	ER IN U.S. ARMED FO	RCES?   16.		RITY NO.   17. 1				Addres	" Freder	cick, Md	
Yes, no, or unkown)	West we Taror deles of		79-10-	4779	Allen	Jam	ison	460	W.Patrio		
	DEATH [Enter only on				2277011	Juli	15011	100	IN	TERVAL BETWEEN	
PART I. OEAT	PART I. DEATH WAS CAUSED BY: Coronary Occlusion ONSET AND DEATH										
420.	1/3 -										
Conditions if an	Conditions, if eny, which (b)										
geve rise to immed	iele ceuse										
	(a), stelling the underlying DUE TO										
	cause lest. (c)										
ē l	K SIGNITICANT COND	mons con	TRIBOTING TO	, berill bor ite	T KELATED TO T	TIE TERMIN	INVE DIRECTE	CONDITION GI		PERFORMED?	
S EVTERNIAL C	ALICE WAS 1	Oh DECCR	IBE HOW IN III	DV OCCUPED //	inter nature of ini	uru in Day	d Los Part II s	filem 10 \		YES NO X	
PRIMARY OF CO	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -										
20c. TIME OF INJU	JRY Month, Oey, Ye		INJURY OCCU		CE OF INJURY (Fory, street, office			ly or fown)	(County)	(State)	
P.m.	Hour e.m. While Not While fectory, street, office bldg., etc.)  p.m. 19 et work et work										
21. I certify t	hat I took charge	of the rem	ains describ	ed above, he	ld an Autops	у 🔲.	Inspection	, Inqui	iry , and	in my opinion	
death resulted	from: Natural c	auses 🔯,	Accident	t . Suic	ide . Ho	omicide	D. Ur	ndetermined i	manner		
	CHIEF MEDICAL EXAMINER										
ACTUAL	Bloth	m	Mr.			ANT MED	ICAL EXAMIN	NER [	1	DATE SIGNED	
SIGNATURE	Syrin					MEDICA	L EXAMINER	X T	10_0	1-61	
EXAMINER'S NAME (Type)	B.O. Thoma	as F	rederi	ick, Md	Addres	s (Street,	city, town, or	county)	Tr-5	TOT	
22e. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THERE		22c. NAME C	OF CEMETERY OF				TION (City, tow	n, or country)	(Slete)	
Burial	12-26-	61	Fairy	iew			Fre	derick	N	/Id	
23, FUNERAL DIRECTO		-	AODRESS			24e. REC			GISTRAR'S SIGNAT	URE	
mis C. S	. Necks -	F	reder	ick, Md	11 5 5	OAIL -	2 7 '61		0 4:		
11/1/2						DEC	2 / 61	Cini	In & Time		

TO VS. A15ME 5M 7/59

SERVICE OF ASSESS THAT SECURITION OF SEA PROPERTY ASSESSMENT The state of the s SECTION AND ASSESSMENT OF THE PROPERTY OF THE ATTEMATICAL CONTRACTOR OF THE ATTEMPT OF THE PROPERTY OF THE ATTEMPT OF THE PROPERTY OF THE PR THE RESERVE THE RESERVE TO THE PARTY OF THE 

C. FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a Page 4 may be retained by the hospital or attending physician.

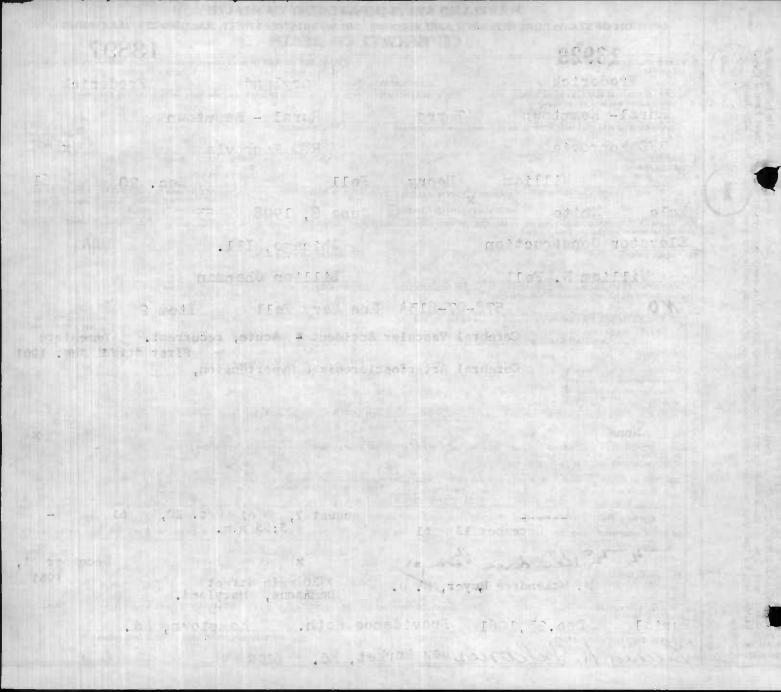
C. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c. telly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pepers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

12000

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 42207

144	74										
1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where decea			ce bafora ad	mission)			
Freder	ick	MARYLAND	a. STATE Mary	hand	b. COUNT	Frede	nd ole				
b. CITY OR TOWN (if outside write RURAL and give ne-	corporata limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		limits, writa			)			
Rural- Ke		7 vrs	X Rung 7	l - Kemr	town						
d. NAME OF HOSPITAL OR I	NSTITUTION (if not in hosp		d. STREET ADDRESS	- Kemi	LOWIT		e. IS RES	IDENCE FARM?			
RFD Monro	via		RFD N	Monrovis			YES	NO 🗌			
3. NAME OF	First	Middle	Last	4. DATE	Month	Day	Yaar				
DECEASED (Typa or print)	William	Henry	Fell	OF DEATH	Dec		19	61			
5. SEX   6. COI	OR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH			FUNDER TYEAR	IF UNDER 2				
76-7	ite WIDOWED		June 8. 19	908		Months Days	Hours	Min.			
10a. USUAL OCCUPATION (GIV	a kind of work 10b. KII	ND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cou	7.00		12. CITIZEN C	F WHAT CO	DUNTRY?			
done during most of working life	, avan if retired)						- 4				
Elevator Con	nstruction		14. MOTHER'S MAIDEN	), Ill.		U	SA				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME							
William	R. Fell		Idllian	Chapma	n						
15. WAS DECEASED EVER IN U.S	S. ARMED FORCES?   16. S	SOCIAL SECURITY NO.   17.	NFORMANT	- Jan	Addrass			-			
(Yas, no, or unkown) (Ifyasgiva		0 07 0774 3/	M 73	3.3							
18. CAUSE OF DEATH		3-07-8134 M	rs Mary Fe	STT	Item	2	TERVAL BETW	VEENI			
PART I. DEATH WAS		ral Vascular A	ccident # /	Acute, re	curren	ON	media	ATH			
221V											
3317	33) X DUE TO First Attack Aug. 1961										
gave rise to immediate cause	Conditions, if any, which (b) Cerebral Arteriosclerosis & Hypertension,										
(a), stating the underlying	DIJE TO										
causa last.											
PART II. OTHER SIGNIFI	CANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVE	N IN PART 1(a)   1					
None	None PERFORMED? YES NO										
OR CONTRIBUTING CAU	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And While Not While at work at work.											
21 I contifue that (I)	(this hospital) attend	led the deceased from	August 7	19 61 to De	c. 20.	. 1961	hat (I) (w	e) last			
21. I Certify mar (i)	December :	13.19 61 and that	1.11	:55, a.m.				ahawa			
	e onP.C.C.CIIIDEI	13.1901, and that	death occured am.		e causes a	nd on the di					
22a SIGNATURE 2	Ken drea	Bour M			STAFF PHYS.	De	cembe 1	DATE SIGNED			
22c. PHYSICIAN'S NAME (Type) M	McKendree 1	byer, M. D.	9830 Ma:	in Street				961			
23a. BURIAL, CREMATION, 23	b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATIO	N (City, tow	n or county)	(Sta	ta)			
REMOVAL (Spacify)	ec.23,1961					Md.					
24 FUNERAL DIRECTOR'S SIGN	died //	ADDRESS		C'D BY REGISTRA		ISTRAR'S SIGNA	TURE				
Lucian K.	. Valcon	er New Marke	t, Md DATE	DEC 2 9 '61	1 a	Ilm & the	- 14				



TO POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \times \text{To FUNERAL DIRECTOR.}\$ After this certificate has been signed by the attending physician and contact the funeral state of the place of t

V	13930	Item 3 Film G30	5 1/10/62	Where deceased lived, If	1795	38
1	a. COUNTY		a. STATE	b. COUN	TY Kesteene	a perora admissio
1_	Frederick	MARYLAND	Maryland		Frede	
L	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	4001	utside corporete limits, write	e RURAL and give n	earest town)
ı	rrederick	5 days	1/Frederick			
	d. NAME OF HOSPITAL OR INSTITUTION (if not i	in hospilel, give street eddress)	d. STREET ADDRESS			o. IS RESIDENCE
	Frederick Memoria	1 Hosp.	132 "est	All Saint	s St	YES NO
3	. NAME OF First	Middla	Last 4	. DATE Month	Day	Yeer
	(Type or print) William	Henry Fø	man Formann	OF DEATH 72	31 .	1961
5.	SEX   6. COLOR OR RACE   7 M	0 77	DATE OF BIRTH			IF UNDER 24 HRS
7	N8 - 7 .		1.90 1990	last birthday)	Months Days	Hours   Min.
		OWED DIVORCED ON INDUSTR	4-20- 1880	8 State or foreign country)	12 CITIZEN OF	WHAT COUNTR
d	lone during most of working life, even if retired)					
	carpenter	चेक्चेक्च स्वरंगकेत्येक्चेक्	Frederi		U.S.	A
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
	enjamin J. Forman		Abbie Tayl			
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown)   (Ifyes give war or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
	no white a are with	219-12-1925A	Carrio B.	Newman 16	7 Ice st	Freddi
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).			INTE	RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ex Sange	wing From		ONS	5 day
	1 ( 1 3/	Ex Sange Gastrie	manan			- Cr coy
	DUE TO	Cactors	Oc. DAG	NATURE.		
	Conditions, if any, which (b)	Gastina	Cave	NO MICE		
	(e), stating the underlying DUE TO					
	ceuse last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1(a) 19	PERFORMED?
	il Uurici	Iller toru	lation		Y	ES NO
- Commercial Control	20a. ACCIDENT WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Par	t I or Part II of item 18.)		
-	OR CONTRIBUTING   CAUSE OF DEATH					
	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm,	20f. (City or town)	(County)	(State)
		While Not While factors work et work	ory, streat, office bldg., etc.)			
2			00000	11 Deaz	10/1	(1) ( ) 1
	21. I certify that (I) (this hospital) a	attended the deceased from		61, 10 Dee 3		
	saw the deceased alive on	3 196 , and that	death occured a	M, from the causes	and on the dat	
	224. SIGNATURE	0	ATTENDING MEL	STAFF		22b. DATE SIGN
	Huy A. Le	spe M	D. PHYS. DIR	CTOR PHYS.		
	22c. PAYSICIAN'S	D)	22d. ADDRESS	O. H		
	WME (Type) Dr John H.	Teske	4 W. Pat	rick St Fr	ederick.	,Md
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(State)
				77 2 1 1		
	burial 1-4-62	Fairview		Frederick	Mc	1
40		Fairview	25a. REC'D	Frederick BY_REGISTRAR   25b. RE-		
-	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	J.	BY REGISTRAR 256. RE	GISTRAR'S SIGNAT	URE
-				BY REGISTRAR 256. RE		URE

MARYLAND STATE DEPARTMENT OF HEALTH

Land Harris Andrew Liver and British of the Control A DESCRIPTION OF THE PARTY AND ADDITIONAL PROPERTY OF THE PARTY OF THE The state of the same of the same of march as the Death and Death and The state of the state of ALLOW THE WHEEL THE PROPERTY OF THE PROPERTY O I was also to the second

FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is huneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be helained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effor death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Divisiping 54 TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13899

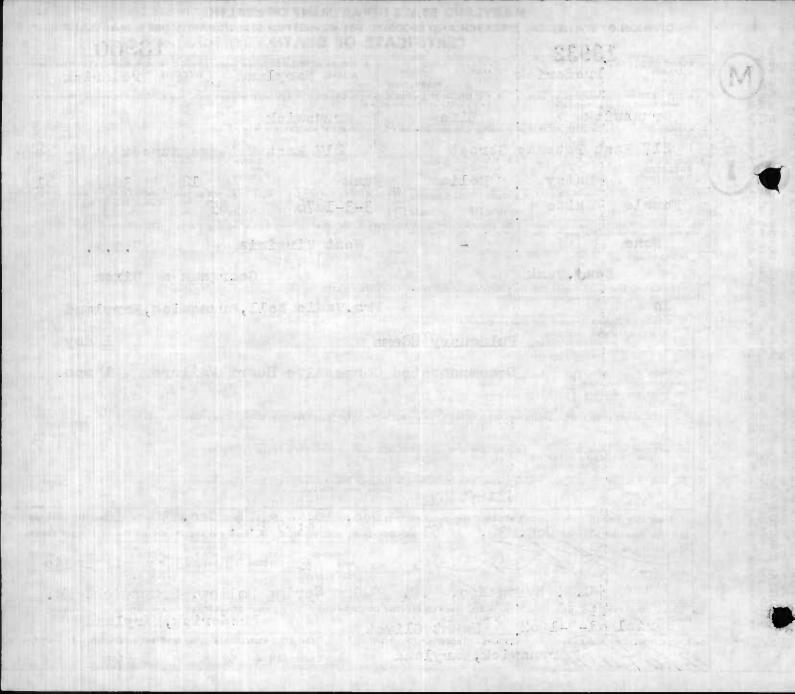
1	1. PLACE OF DEATH  5. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY b. COUNTY Frederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
/	Brunswick	Petersville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	West Potemae Street	YES NO
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Louis Elmer	Frye DEATH 12 26 19 61
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED TO DIVORCED	3-31-1889 72 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	Retired car repairman B. & O. R. R. 13. FATHER'S NAME	Co Virginia U.S.A.  14. MOTHER'S MAIDEN NAME
	Butler Frye	(Do not know)
	(Yas, no, or unkown) ((fyasqiye war or dates of sarvica)	NFORMANT Address
П	Mr	s.Virginia Nicholson, Knoxville, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
d	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occ	lusion
	42011 DUE TO	
	Conditions, if any, which \ (b)	
	gava risa to immadiata causa	
	(a), stating the undarlying Dut 10 (c)	
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
		PERFORMED? YES NO NO
ĕ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D  CAUSE OF DEATH.	ntar natura of Injury in Part I or Part II of itam 18.)
9		
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	d an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes , Accident , Suici	de , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER
9	ACTUAL CORPORA	M.D. ASSISTANT MEDICAL EXAMINER  DATE SIGNED
	SIGNATURE J. J. W. S.	DEPUTY MEDICAL EXAMINER 12/26/61
	examiner's B.O.Thomas	Address (Streat, city, town, or county) Frederick, Md.
	226. BURIAL, CREMATION, 226. DATE THEREOF   226. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country) (State)
	Build Specify 12-29-1961 Lutheran	Maryland
V	23. SUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	for Frunswick, Maryland	DATREC 2 8 '61 Outhur & Kraus
4	of the selection	DATDEC 28'61   Outhur S. Hears

AT THE REPORT OF THE PARTY OF T THE REAL PROPERTY OF THE PERSON OF THE PERSO Apply . The man Sugration palet of the T are beg 1,2,2,0 Come c It Control of the second s · NEASCHELES STARTER OF THE PARTY OF THE PAR

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Ĭ.	VR	A1	SI	41
	1. Page 4 may be retained by the hospital or attending physician.	M	director, page 3 should be detached for use as the burial-transit permit. Then please remove	1

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13932				LUVU	U
1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh			
a county Frederick	MARYLAND	a. STATE Marylar	1d b. cour	Trede	riek
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporete limits, write	e RURAL end give	neerest town)
	Tife	Brunswick	35		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	And and the As	d. STREET ADDRESS		<del></del>	e, IS RESIDENC
277 - 1		0.7.7			ON A FARM
21/ East Potomac Str			otomae S	treet	I have district
DECEASED	Middle	OF		n Dey	
Delia A		L. CRITIC	14	30	19 61
5. SEX Female 6. COLOR OR RACE 7. MARRIED [ White WIDOWED ]	DIVORCED DIVORCED	3-3-1876	9. AGE (In years last birthday) yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work   1Db. KIND	OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (County & Sta	te, or foreign country)	12. CITIZEN C	OF WHAT COUNTRY
done during most of working life, even if retired)		West Winds		77 0	
13. FATHER'S NAME	-	West Virgini	, äl	U.S.	Α.
		14. MOTHER'S MAIDEN NAME			
Benj.Funk			eorgann	a Dixe	m
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO( (Yes, no, or unkown)   (Ifyesgive werer dates of service)	CIAL SECURITY NO. 17.	INFORMANT	Address		
NO (Il yesgive well of dates of service)		Mrs.Vadis Bell	-Brungwi	ek. Many	fland
1B. CAUSE OF DEATH [Enter only one cause per line			DI WINNI		ITÉRVAL BETWEEN
PART I DEATH WAS CAUSED BY.				0	NSET AND DEATH
IMMEDIATE CAUSE (0) PULM	onary Edem	8			Lday
DUE TO					
Conditions, if any, which (b) Deco	mpensated (	Congestive Hea	rt Failu	re 1	L mon.
gave rise to immediate cause	+				
(e), stering the underlying					
(6)	BUITING TO DEATH BUIT NO	OT BELATED TO THE TERMINIAL DIS	FASE CONDITION CIV	(ENLINI DADT 1/a)	10 WAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DIST	EASE CONDITION GIV	TEN IN PART I(8)	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL  200. ACCIDENT WAS UNDERLYING  COR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURED	). (Enter nature of injury in Part I or	Pert II of item 1B.)	HISTORY.	
	INV C COLUMNIA CON DI	or or hilling at	1000	(C)	(64-1-1
20c. TIME OF INJURY Month, Dey, Year 20d. INJU Hour e.m. While		ACE OF INJURY (Home, farm, 20f. tory, street, office bldg., etc.)	(City or town)	(County)	(State)
p.m. 19 at work	et work				
21. I certify that (I) (this hospital) attended	the deceased from.	Dec. 18, 196]	to Dec.	30, 19.6]	that (I) (we) la
saw the deceased alive on Dec30.,	/ =	M. O LL h		_	late stated above
22a. SIGNATURE		ATTENDING MED. PHYS. DIRECTO	R PHYS.		22b. DATE SIGNE
22c. PHYSICIAN'S		22d. ADDRESS			
NAME (Type) C.T. Byron K	ao. M.D.	Gum Spring H	Hollow, E	Brunsvi c	k. Md.
	3c. NAME OF CEMETERY		LOCATION (City, to		(State)
REMOVAL (Specific) 1-3-1962	Mount Olive	H	rederick		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 256. RE	GISTRAR'S SIGNA	ATURE
Frunswick,	Maryland	DATE JAN 4	'62	1 11 11 11	
WI MIN LIKE	0	TONIL DAIL T	02 1	willing & the	3714



TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after begge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control and co stely filled in by the funeral spers. Pages 1 and 2 should 72 hours after death

15M 9/60

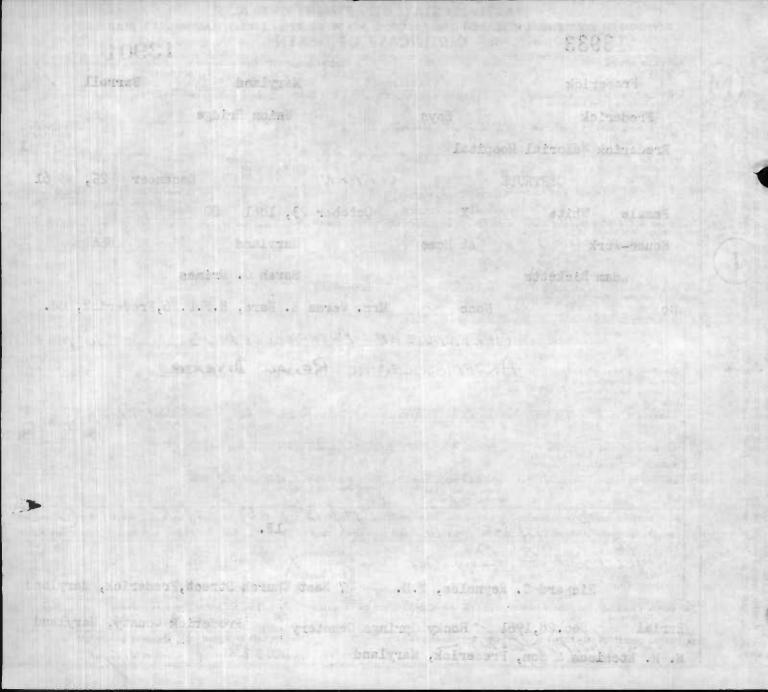
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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13933 CERTIFICATE OF DEATH

i. PLACE OF DEATH				1) 2 HIGHERT BEGINEN	CE (Where deceased live	d, If institution, Res	sidence before edmission)
				e. STATE		COUNTY	
Fred	erick		MARYLAND	Mam	rland ".	Barr	dell
b. CITY OR TOWN (in	outside corporete limits give neerest town)	s, c	LENGTH OF STAY IN 16		If outside corporete limits,	write RURAL end	give neerest town)
Freder			Days	IIn	ion Bridge	1)6	x · 2
	AL OR INSTITUTION (if	not in hospite		d. STREET ADDRESS	22 22 2000	00	. IS RESIDENCE
			N. T. Carlotte and				ON A FARM?
Frederic NAME OF	k Memorial	Hospit					YES NO
DECEASED	FIRST		Middle	Last	4. DATE OF	Month	Dey Yeer
(Type or print)	GERTRU		60	RMAN	DEATH De	cember	25, 19 61
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 1 8	. DATE OF BIRTH		yeers   IF UNDER 1 Y	
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Female  Os. USUAL OCCUPATI			OF BUSINESS OR INDUST				EN OF WHAT COUNTRY
done during most of wor		d)					
House-wo	rk	_   A	At Home		land		JSA
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
Ada	m Ricketts			Sara	ah C. Grimes		
5. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16. SC	CIAL SECURITY NO. 17.	INFORMANT	Ac	Idress	
Yes, no, or unkown) (If	yes give weror detes of se	Nor	Mr	s. Verna E. I	Rare. R.F.D.	#6. Freder	rick. Md.
	EATH [Enter only one		for (e), (b), end (c),	De rollie De l	, 101 CD	,, 0,11000	INTERVAL BETWEEN
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13902 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY THE ETTE Page Health, director. Page FREDERICK Pennsylvania MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) your d of l write RURAL and give nearest town) FREDERICK None I Dalles E RURAL d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street address) e. IS RESIDENCE ON A FARM? XXXXXXXXXXXXXXXX U-S-Rt-Near Frederick ate YES NO T NAME OF Middle DATE DECEASED 167 GREGSON (Type or print) GEORGE CHADWICK DEATH DAC. PM3. Page 5 may be peggs 7 and 2 with the within 72 hours effect 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. ast\_birthday) Months Days Hours Dec. 16 Male White WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)

Retired Mgr. Wire Rope Wilkes Barre England U-S-A Con 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Georgana A. Chadwick George Gregson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgive war or dates of service) Shrine View. Dallas Pa Mrs. Noaline Gregson No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) should be Office buriel-t DUE TO removel, Conditions, if any, which (b) gave rise to immediate cause 5 E DUE TO (a), stating the underlying Examiner 50 0 cause last. pesn PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? the word 3 NO Medical plnous cren 20a. EXTERNAL CAUSE WAS 2Db, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY T or CONTRIBUTING T No Injury CAUSE OF DEATH. writing t 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 2Dc. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While 0 Hour a.m. the R. P. at work at work prior the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy II, Inspection Inquiry and in my opinion 0 0 MEDICAL forwerded to death resulted from: Natural causes 17 Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE 4 DEPUTY MEDICAL EXAMINER Dec. B. O. THOMAS NAME (Type) Address (Street, city, town, or county) URIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Cremated 12-12-1961 Hanover Township Dec. 10. 61 940 g Pennsylvania Crematorium REC'DELECTRA County TRAR'S SIGNATURE FREDERICK. VS. A15ME DEC 1 2 '61 arthur & Kraus 5M 7/59 DATE

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Dec. 16 1834 77

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Ceorgana A. Chadalok

117-75-7110 Mrs. Tolline Gregeon Surice Mer, Dallas Fa.

No Injury

The Charles Continued Continued

EARCHE D. O. THOMAS

Agrony 1 to Jailes Pa. 100, 10, 61

Den, 9, 1961

Crossing Tell-1961 Ranover Townsolo Bennay Dysanta Mania Fill Granderina Lamerna County

PREDICTOR, MM.

DATES OF THE BUILDING

# hy delay is necessary, ifuneral director. Page files PULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, fighty delay is necephased execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 in filtureral director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 99

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1393			JIKI III I JA		.0300
1. PLACE OF DEATH a. COUNTY					stitution: Rasidanca bafora admission
Frederic	k	MARYLAND	a. STATE Mary]	Land b. COUNTY	Frederick
b. CITY OR TOWN (if outside	corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outsida corporata limits, writa F	
Frederick	rest town)	Years	// Frede	erick	
d. NAME OF HOSPITAL OR IN	ASTITUTION (if not in hos	pital, giva straat address)	d. STREET ADDRESS		a. IS RESIDENCE
DOA Frederick	Memorial Ho	spital	604 0	Charles Street	YES NO X
3. NAME OF DECEASED	First	Middla	Last	4. DATE Month	Day Year
(Typa or print)	AUSTIN	BOWERS	GROSS		cember 16, 19 61
5. SEX   6. COLO	OR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years III	
Male W	hite   WIDOWE	D DIVORCED	22 April 191	1 50 yrs.	Aonths Days Hours Min.
10a. USUAL OCCUPATION (Give dona during most of working lifa,	avan if ratirad)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stata	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Plater	Price	Electric Co.	Jefferson,	Maryland	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Leslie G. Gross	8		Elsie Grad	e Heffner	
15. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Addrass	ELITABLE LA
(Yes, no, or unkown) (Ifyasgivaw	2]	14-16-0146 Mrs	. Irene S. C	Pross (Same as	item #2)
18. CAUSE OF DEATH [E	/ )		40		INTERVAL BETWEEN
PART I. DEATH WAS C.	AUSED BY: TE CAUSE (a)	unled Sh	ull		MANNEULS
816X	DUE TO	1			1010 100 000
Conditions, if any, which	7 (b) Cu	La malile as	redent		
gave rise to immediate cause	DUE TO				
(a), stating the undarlying cause last.	) (c)				
PART II. OTHER SIGNIFIC		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFIC  20s. EXTERNAL CAUSE WA: PRIMARY TO CONTRIBUTIO CAUSE OF DEATH.	MA	we rested			YES NO TO
20a. EXTERNAL CAUSE WAS	S 20b. DESCR	BE HOW INJURY OCCURED. (	inter natura of injury in Par	t I or Part II of itam 18.)	
PRIMARY OF CONTRIBUTION CAUSE OF DEATH.	NG [] Can W	ist by treed			
3 20c. TIME OF INJURY Me	onth, Day, Yaar   20d.	INJURY OCCURRED   20a, PLA	CE OF INJURY (Homa, farm	n, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY MO	12/16 19 61 While		ory, streat, office bldg., atc	Frederick .	A social Country
print		nains described above, he		Inspection , Inquiry	and in my opinion
	Natural causes ,	-/	<u> </u>	_	
			CHIEF MEDICAL		
ACTUAL	10463-T1	comos,		ICAL EXAMINER	DATE SIGNED
SIGNATURE	10.	W Trusty	M.D. DEPUTY MEDICA		12/11/11
NAME (Type Jame	es B. Thomas	s, M. D.		cily, town, or county)	10/16/6/
22a. BURIAL, CREMATION, 22b.	DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, o	r country) (Stata)
Burial (Spaciny)	2-21-61	Mount Olivet (	Cemetery	Frederick, Mary	yland
23. FUNERAL DIRECTOR	Son, Er	der Vck. Maryla	and 24a. REC	C'D BY REGISTRAR   246. REGIS	TRAR'S SIGNATURE
acrosch 1	Munici	1) 19		: 2 2 '61 Guth	or & thous

No lite Detri Not Labour 1 191 TO HE THE SECOND OF THE PARTY O API Itua is to be to be reliable to the Taken to the second of the sec Shirt of Craims Single Prince enow . O elfae. Til Teal of Tree Trees & Trees (Uses as the Vill The second of th CHEEK TOWN The state of the s The minimum is not included in the and the character as pents of the contract of brukar , brukar , kalandar , ka

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13936 CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, If institution a. STATE b. COUNTY To	
	eriek	MARYLAND	Maryland F:	rederick
b. CITY OR TOWN (if write RURAL and Frederic)	foutside corporate limits, give nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	and giva neerest town)
d. NAME OF HOSPIT	AL OR INSTITUTION (if not	in hospitel, give street eddress)	, d. STREET ADDRESS	e. IS RESIDENCE
	k Memorial Ho		259 West Patrick Stre	ON A FARM?
NAME OF DECEASED	First	Middle	Lest 4. DATE Month OF	Day Year
(Typa or print)	MATTIE	HENCH H	ARRIS DECEMB	er 26, 1961
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In years IF UND last birthday)  Month	
Male		DOWED DIVORCED	21 May 1883 Rest Birthday) Month	S Deys Hours Min.
Oe. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State, or foreign country)   12.	CITIZEN OF WHAT COUNTRY?
House-work		At Home	Bloomfield, Maryland	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
Wesley Wad	chter		Susanna Smith	
	R IN U.S. ARMED FORCES?	)	NFORMANT Address	
No		None Ch	arles W. Harris, Buckeystown,	Md.
18. CAUSE OF D	EATH [Enter only one cause	e par line for (a), (b), and (c).)		INTERVAL BETWEEN
PART I. DEATH	H WAS CAUSED BY:	inaestie / Se	t farline	ONSET AND DEATH
4200	DUE TO	1		
Conditions, if eny	1	ATIZ I	11:	420
gava rise to immadia	ata cause	of are many	punny .	1712
(e), stating the ur	ndarlying DUE TO	1.1. 0.	+ /(=+1)	100
causa last.	) (c)(1	- wisself	vie for prime	10 70
PART II. OTHER	SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	PERFORMED?
				YES NO
	AS UNDERLYING [ 20b CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Pert II of item 18.)	
20c. TIME OF INJUI	RY Month, Dey, Year		CE OF INJURY (Home, ferm, 20f. (City or town)  rry, straet, office bldg., etc.)	County) (State)
p.m.	19	et work et work		
21. I certify th	nat (I) (this hospital)	attended the deceased from.	VOV 1955 to 12/26	196.1, that (I) (we) last
saw the deceas	ed alive on 12	/26 19.61, and that	death occured 2:05AM, from the causes and o	n the date stated above
22a. SIGNATURE	1//	~ /		22b. DATE
120	1 - 1/. (	Iran o M.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	27 Dec 1961 SIGNED
22c. PHYSICIAN'S	27		22d. ADDRESS	
NAME (Type)	Henry V. Ch	ase, M. D.	4 E. Church St., Frederic	k, Md.
	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	DR CREMATORY 23d. LOCATION (City, town or ed	ounty) (State)
Burial (Spacify)	12-29-61	Zion Cemeter	Charlesville, Me	d .
4 FUNERAL DIRECTOR		ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	
		Frederick, Maryla	nd DATE DEC 2 8 '61 Cirthur	S. Kraus
ANTHE	Manual ()		(DVICDEO = 0 1	
	0			

MATTER HEREIT TO HATELE TO LEGENCET TO STATE and the first park are to the state of the s Many V. United S. D. H. E. Dennik St., Dennik St., Die Visited will 10-25-21 Table e de la companya de l

intract to bracking

ANOTHER YES - ELECTRICAL CONTRACTOR

dwelecvisies. No.

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13905

)	o. COUNTY	rederick	MARYLAI		USUAL RESIDEN	CE (Where dece	b. CO	UNTY	reder		on)
	b. CITY OR TOWN (If RURAL and give nec	outside corporate limits, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOV	/N (If outside co	rporote limits, w	rite RURAL	ond give ned	arest town)	
		rederick	30 years	3 /	/ ]	11 East	Third	Street	Fre	deric	k
	d. NAME OF HOSPITA	AL (If not in haspital, give street	address)		d. STREET ADDI	RESS				e. IS RESII	
L	12	24 West 5th Str	eet		1	11 East	Third	Street		YES 🗌	
3.	NAME OF DECEASED (Type or print) And	rey Louise	Middle	400	tsock	4. DAT	_	Month	Do	,	96/
5.	SEX	6. COLOR OR RACE 7. MARE	RIED ANEVER MARRIED	B. D/	ATE OF BIRTH		9. AGE (In	years IF UN	NDER 1 YEAR		
	Female	4/ hitewidow		- I	ctober ]	1919	lost birth	day) Mon	ths Days	Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR I				On Page	12	CITIZEN O	WHATC	DUNTRY?
ľ	Housewife	ing life, even if retired)	None		Doubs	Freder	ick Co.	Md.	U.S.	A.	
13	. FATHER'S NAME			14	. MOTHER'S MA						
	Charles Wi	inford Soper			Mamie	Stewart					
	. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFOR	MANT			Address		0.00	
{}	es, no, or unknown) (I	If yes, give war ar dates of service)	0-16-1438	b. M	arvin C.	Hartso	ck 111	E. Thi	ird St	. Fre	d. M
CATION		nmediate (	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO TH	E TERMINAL DIS	EASE CONDITIO	N GIVEN IN	PART 1(a)	PERFOR	UTOPSY MED? NO KOK
CERTIFI	OR CONTRIBUTING	S UNDERLYING   20b. DES   CAUSE OF DEATH   MEDICAL EXAMINER)	CRIBE HOW INJURY OCC	URRED. (E	nter noture of in	jury in Part I ar	Part II of item 1	B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Year 20d. II 19 While at war	Nat while	foctory,	OF INJURY (Hom street, office blo	ne, farm, 20f. ( ag., etc.)	City ar town)		(County)		(State)
		t (I) <del>(this hospital</del> ) attended alive an <u>1002</u>							,		
	220. SIGNATURE	Plainer		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	]	10 D.		SIGNED
	22c. PHYSICIAN'S NAME (Type)	TRPOIRIER	2		22d. ADDRESS 801 To 11	House	que f	EEDE.	RICK	M	e.
	Burial, CREMATION REMOVAL (Specify) Burial	12-13-1961/	23c. NAME OF CEMETE St. Pauls				nt of R	ocks.	Maryl	(Stote	)
24	RODENT E		ADDRESS	Man		o. REC'D BY REC	GISTRAR 25b.	REGISTRAR	'S SIGNATU	RE	

13937

Action Total

Prederiale

Torbettor: Eury Land Trederior

30 years | LLL mar Third street Prederick

121, Test Stn Street to Street Stn Street 191

Corober 14, 1919 182

Housewille Done Done Donbay Proderick Co. Mt. T. U. L.

Manda Stewart

Charles Kinford Soper

- C23-16-16-38 No. Hervin C. Hertecok 131 H. Third St. Tred. Md.

ofin elem

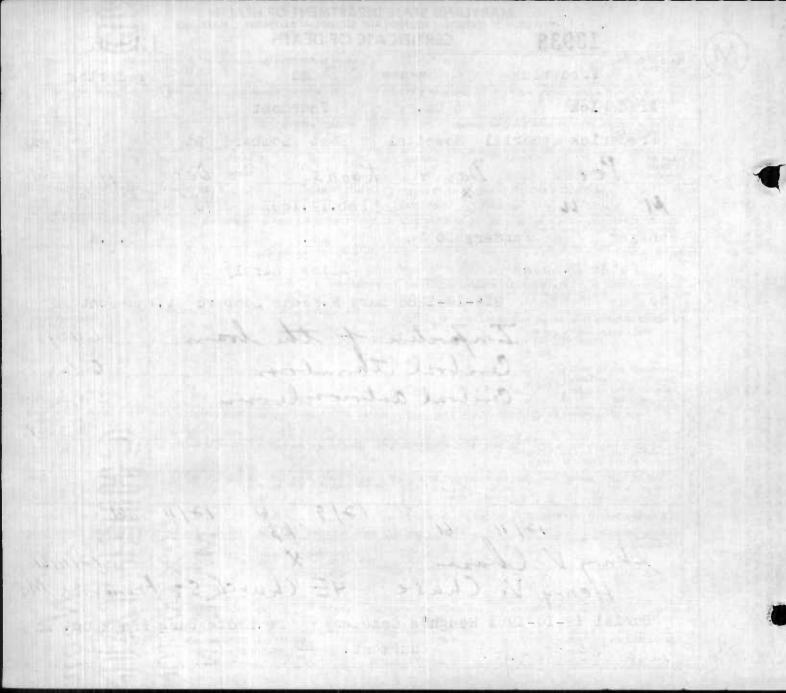
hartest to inter your owners the lacket to lead to be lacket Robbert L. Daller . Sto. Stodeston, Raryland

8	6	ı		
haurs after death. Page 4	1	in by the funeral directar,	and 2 shauld be filed with	-
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	refained by the haspital ar attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely	as 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Page 1 and 2 should be filed with	Charles Daniel at Mariles and a house of months of the Charles of

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13938

4	a. COUNTY	Frederical	K	MARYLANI		a. STATE	_	ere deceased	lived. If instituti b. COUNTY		rick	nissian)
	b. CITY OR TOWN (	If outside corporate limits,		GTH OF STAY IN 1	b		WN (If au		te limits, write R	URAL and give	nearest to	own)
	d. NAME OF HOSPIT	TAL (If not in hospital, giv	e street address)		1	d. STREET ADD	RESS	bard	St		10	RESIDENCE I A FARM?
	3. NAME OF DECEASED (Type or print)	eter First		Middle Vid	K	last 20 h S		4. DATE OF DEATH	Dec	nth	Day	Year 196/
	s. sex	w	WIDOWED	NEVER MARRIED [	F	eb.19.			. AGE (In years last birthday) 70 yrs.	IF UNDER 1 Y	_	_
	during most of wor Manager	ON (Give kind of work do king life, even if retired)	10b. KIND C	CO Op	DUSTRY	11. BIRTHPLACI	E (Stote o	ır fareign cau	ntry)	U.S		T COUNTRY?
	3. FATHER'S NAME		Sellen		1	4. MOTHER'S MA						0.00
	. Pet	er D.Koons	3			Alice	Bi	rely				
1		R IN U. S. ARMED FORCI (If yes, give war or dates of sen	rice)		Mar Mar	MANT	ons	Lomba	Add ard St.	Thurn	ont	MD
	PART I. DEA  332  Canditians, if a gave rise ta i cause (a), stating lying cause last.	mmediate the under- (c)_	Inf Cerel Corel	boal o	th	ft	the ori	lva	in		6 d	ays
	20g. ACCIDENT W	AS UNDERLYING 2		OW INJURY OCCU	glib.					/EN IN PART 1(		AS AUTOPSY FORMED?
- 1		CAUSE OF DEATH										
	20c. TIME OF INJUR Haur a. m. p. m.	RY Manth, Day, Year 19	While N	OCCURRED 20e. at while wark		OF INJURY (Har , street, affice bl			ır tawn)	(Cau	nty)	(State)
		at (I) (this haspital)		e deceased fram 9 <mark>61., and tha</mark>		2/9	116	6/, ta	12/11			) (we) last
	22a SIGNATURE	sed drive drive d	The -	O	M,D	ATTENDING	₩ ME	377 0	STAFF PHYS.	ia dii iile d	1.2/	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Henry V	/ C	hase		22d. ADDRESS	(4	urch	54	Frede	eric	K-Ma
	230. BURIAL, CREMATIC	23b. DATE THEREOF		ughos Ce		tery	Nr	·Ladi	ON (City, tawn, esburg		k Co	itate)
	FUNERAL DIRECTOR	's SIGNATURE	ger à	Thur	non	t. 1/36	REC'D	BY REGISTR	AR 2Sb. REGI	STRAR'S SIGN		

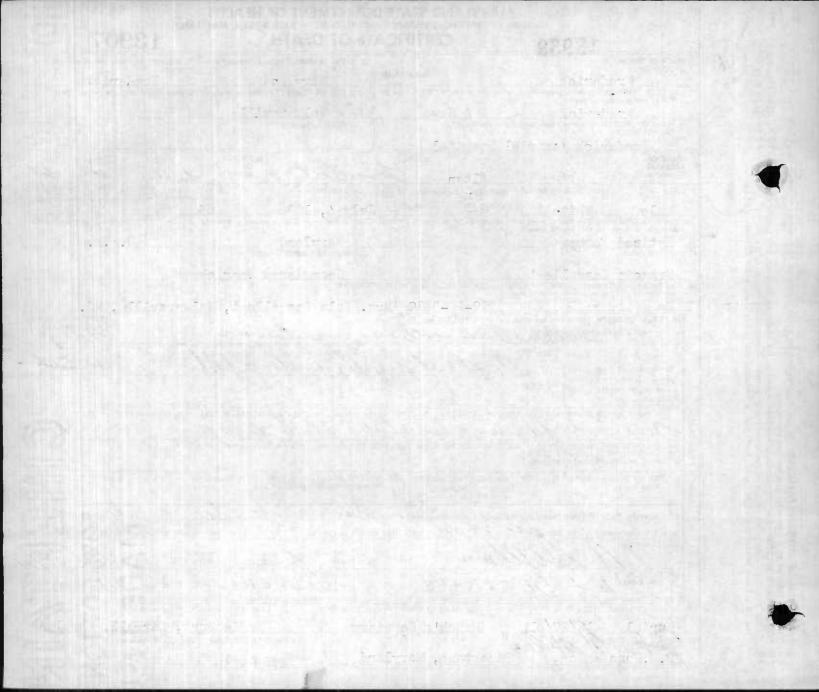


VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13939

13907

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY				
Frederick	Maryland Frederick				
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	Y				
Frederick 4 days	Walkersville				
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?				
Frederick Memorial Hospital	YES NO D				
3. NAME OF DECEASED (Type or print) Hawy Alton	Les Last 4. DATE Month Day Year OF DEATH WILL. 24 1001				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR					
Male White WIDOWED DIVORC	losi birriday)   Manths   Days   Hours   Min.				
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS during most of warking life, even if retired)					
Retired Farmer	Maryland U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Francis Lescalleet	Georgianna Wenrich				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N					
(Yes, no, or unknown) (If yes, give war or dates of service)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
No 1 1219-20-3019					
18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c PART I. DEATH WAS CAUSED BY:	10NSET AND DEATH				
IMMEDIATE CAUSE (o)	horot poutamous Horge				
JZOX DUE TO POL	energlegreenotour bleb moteral				
Canditions, if any, which gave rise to immediate	energelyseen our fell-				
cause (a), stating the under-					
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
3 hearlest plusse & brown	relities of both lungs- YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	OCCURRED. (Enter nature af injury in Part I ar Part II af item 18.)				
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)				
Y 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while at work at wark	factory, street, affice bldg., etc.)				
21. I certify that (I) (this haspital) attended the deceased	d fram xlee-20, 1961, to lee 24, 196, that (1) (we) last				
	d that death accurred of 2M, from the causes and an the date stated above.				
22a. SIGNATURE	22b. DATE				
1.11. Altiture	M.D. PHYS. MED. STAFF DIRECTOR PHYS. STAFF				
22c. PHYSICIAN'S	22d. ADDRESS				
NAME (Type) E.A. DETTBARN	WALKERSVILLE, MD.				
	METERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)				
REMOVAL (Specify) Burial 12/27/61 Haugh's C	Cemetery Ladiesburg, KAKKAXX, Maryland				
24. FUNERAL PIRECTOR'S SIGNATURE ( ) ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
C.O.Fuss & Son, Taneytown, Ma	aryland DATEDEC 28'61 arthur S. Frans				
Landy over the	7.720110				



O FORFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and content and content and propers. Pages 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 (4) 15M 9/60

TO

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13940 CERTIFICATE OF DEATH

	70030				1.35US
1. PLACE OF DEA!	TH		2. USUAL RESIDEN		stitution: Residence before edmission)
	rederick	MARYLAND	e. STATE Mar	yland b. COUNTY	Frederick
	(if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete limits, write F	URAL end give nearest town)
Walker	nd give neerest town)	10 Months	X Walker	sville	
d. NAME OF HOS	PITAL OR INSTITUTION (if no	of in hospitel, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
37 Map	Le Avenue		37 Maple A	venue	ON A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	CHARLES	JAY N	MAC CARTEE, SR	DEATH Decemb	er 18 1961
5. SEX	6. COLOR OR RACE 7.		8. DATE OF BIRTH	9. AGE (In yeers   II	UNDER 1 YEAR   IF UNDER 24 HRS.
Male	White w		May 28, 1888	last birthdey) 73 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work working life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Coun	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Draftsman		Patent Draftsman	Washington	n. D. C.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Charle	es G. Mac Cart	tee	Marie	J. Wilson	
	EVER IN U.S. ARMED FORCES (If yes give wer or detes of servi		INFORMANT	Address	
No			s. Alice W. I	Mac Cartee (Sam	e as item #2)
18. CAUSE OF	DEATH [Enter only one cen	use per line for (e), (b), end (c).]			INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Application anno	14/5/0		240 per
292,	11	A plaster are	nu		- Jan-
Condition if	DUE TO	V			
Conditions, if e	diete ceuse				
(e), steting the	DUIT TO				Harris Carlotte
couse lest.	) (c)				
PART II. OTH	IER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	PERFORMED?
CAI					YES NO
OR CONTRIBUTION	WAS UNDERLYING 20 IG CAUSE OF DEATH FY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II of item 1B.)	MCXIII.
ZOc. TIME OF IN	JURY Month, Dey, Yeer	20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm	m, ; 20f. (City or town)	(County) (Stele)
20c. TIME OF IN		While Not While fee	ctory, street, office bldg., etc		
		at work at work	Man 1000	10111	/ / /
		attended the deceased from			
saw the dece	ased alive on	2/1419 6.L., and tha	I death occured 12	the causes are	nd on the date stated above
220 SIGNATURE	2-1		ATTENDING /	MED. STAFF	22b. DATE SIGNED
Xam	nesto, no	man		DIRECTOR PHYS. D	ec. 18, 1961
220 PH STOLAN			22d. ADDRESS		
17 (17)	James B. Th	homas M.D.	228 North	Market St. Fre	derick, Maryland
230. BURIAL, CREMA	TION, 236. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	
Buriat (Specif	12/21/61	Congression	nal	Washingto	n D. C.
24 FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR   256. REGIS	STRAR'S SIGNATURE
Francis C	Gasch's Sons	Hvattsville, M	aryland DATE D	EC 21 '61 Cin	Uhur S. Hrans

.... 2014,000 Jay - Time Filler, SP. Fre Tecompter 118 1761 .C. In the state of the state o winder . Carried The state of the best section and a state of Sundry Satistiff #1/21 100.0 to 100.0 m June 6. Thomas J.J. CEL Mooth darket as the barret. NET 12/21/6: Compressional - Washington D. C. Francis Casch's Sons - Hypothewills, Maryland TO OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and contained by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, wilpur 22 hours after defitible.

## MARYLAND STATE DEPARTMENT OF HEALTH

	ARTEAND STATE DEFARIMENT OF THE	
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLANI
13941	CERTIFICATE OF DEATH	13909

1. PLACE OF DEATH a. COUNTY			CE (Whara deceased lived, If		ca bafora admission)
Frederick	MARYLAND	a. STATE Maryland	b. COUN	nederick	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporate limits, write	RURAL and give r	naarast town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	enital give street address)	Buckeyst	own		. IS RESIDENCE
	seption, give show addition,				ON A FARM?
Buckeystown,	44*140	Buckeyst			YES NO X
DECEASED	Middla	Lest	4. DATE Month		Year
(Type or print)		Michael	DEATH Decembe		1961
S. SEX 6. COLOR OR RACE 7. MARR	IED K NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	IF UNDER 24 HRS.
Male White WIDOW	ED DIVORCED A	pril 1,1878.	83 yrs.	1000000	, Mills
1Da. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Cour	ty & State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
Owner Mi	11.	Frederick C	ounty	U.S.	Α.
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
William Hemry Michael		Jane Sp	echt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	. SOCIAL SECURITY NO.   17.	NFORMANT	Address		
(Yas, no, or unkown) (Ifyasgivawarordatasofsarvica)	7 22 6007 1/m	o Edna E Mio	hael, Buckeysto	am Marrel	nd.
18. CAUSE OF DEATH [Enter only one cause per		Sending Dewre	naer, Duckey 500		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	A- 11	+ F	0.0	ON	SET AND DEATH
IMMEDIATE CAUSE (a)	rightine of	ety / as			1 hr
7 20'0 DUE TO	12.	0 1	at Pinea	2 - 10"	r
Conditions, if any, which gave rise to immediate cause	resoule	The fee	w Prese	al i	Just A
(a), stating the underlying DUE TO					0
causa last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO	PNTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
\(\frac{1}{2}\)					ES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED	(Entar natura of injury in	Part I or Part II of itam 18.)		
Z 20c. TIME OF INJURY Month, Day, Year   2Dd		CE OF INJURY (Homa, farm		(County)	(Stata)
20c. TIME OF INJURY Month, Day, Year 2Dd Hour a.m. Whi	THE THINK THE	ory, street, office bldg., atc	.)		
		Do-	1051	3 1/1	(1) ( ) )
21. I certify that (I) (this hospital) atte	~ //		1956 to 12 Cm		hat (I) (we) last
	.S.,19.6, and that	death occured at		and on the da	
222 CSIGNATURE		ATTENDING	MED. STAFF		22b. DATE L1/4/61 SIGNED
Henry V. Ch	iase M		DIRECTOR PHYS.	-	11/4/61
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
Henry V.Chase.M	.D.	4 East Cl	nurch St.Frede	rick, Md.	
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(Stata)
Burial December 5,196	Monnt Oliver	Cemetery	Frederick	Ma	aryland
24 FUNERAL DIRECTOR'S SIENHTURE WILL SAN	WELL BORESS		C'D BY REGISTRAR 256. RE	GISTRAR'S SIGNA	TURE
.R.Etchison & Son, Frederic	k, Maryland.	DATDE	G 6 '61 au	Chun & France	
				1 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13942 CERTIFICATE OF DEATH

				OUTU-
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Wh		ion: Residence before admission)
Frederick	MARYLAND	. STATE Maryland	b. COUNTY	Frederick
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)  Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		L and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederick Memorial Hos	spital	709 North	h Market St.	YES NO TO
3. NAME OF First	Middle	Last 4. D.F	TE Month	Dey Yeer
(Type or print) Henry	C. Mi		ATH Decembe	r 14 19 61
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers   IF UN last   1hdey)	
Male White WIDOW		November 24-188	(41011	ths Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & Ste	te, or foreign country) 12	. CITIZEN OF WHAT COUNTRY?
	st Office	Frederick Cour	ntv- Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Frederick Miller		Susan Cathe	erine Charlton	n
	S. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
No	None Mrs	. Earl S. Smith	- 709 N. Met.	St. Brederick-Wi
18. CAUSE OF DEATH [Enter only one ceuse pe	line for (e), (b), end (c).]		, 0, 110 11100	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Monie ly	ryphatic leut	Remia	6 mo.
2040 DUE TO		4		
Conditions, if any, which \ (b)				
gave risa to immadiate ceuse				
(a), steling the underlying causa lest.				
PART II. OTHER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or	Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20c Hour a.m. Wh et w	ileNot While fect	CE OF INJURY (Home, farm, 20f. ory, street, office bldg., etc.)	(City or town)	(County) (State)
21. I certify that (I) (this hospital) atte	nded the deceased from	19 <b>.5</b> 3	10 12-14-	, 196, that (I) (we) last
saw the deceased alive on				
22a. SIGNATURE	- /	ATTENDING . MED.	STAFF	22b. DATE
Bux NM	Jastin M	.D. PHYS. DIRECTO	R PHYS.	December 14, 61
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
Dr. Rex R. Mar	rtin		t StFrederi	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		LOCATION (City, town or	
Burial 12-17-1961	Lutheran Ceme	etery	Jefferson- Max	ryland
Dailey's Funeral Home	Frederick- Ma		REGISTRAR 25b. REGISTRA	AR'S SIGNATURE

TO COPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control and 15M 9/60

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Frederick 9 yes.

Indicate Infrared telephone

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Henry C.

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division 21-1380 | 31

No implement

Costal Barloyee Post Office Staderick County- Mi. C.S.L.

11. 3. 12

Sugar Catherine Courteen

TO MORE MERCE St.

Miller Doosoon in CEL

None | Mars. Mark S. Smith- 709 st. Mark. St. Traduction-d.

Chronic Sproplate leabored 6 mas

brefred - ourseber - . I spiret . I CSS

Dalley's Americal Rose [Frederick-Maryland Frederick]

Durial 12-17-1961 Intheren Company deligrace- saryland

Dr. Rex a. Burtin

6

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13943 **CERTIFICATE OF DEATH** 

13912

											171			
	COUNTY	FREDERIC	(		MARYLA		O. STATE	DENCE (Wh	ere deceased	l lived. If instituti b. COUNTY				ion)
b.	CITY OR TOWN RURAL and give the rederic	(If outside corporate lim nearest tawn)	its, write	c. LENGTH	OF STAY IN	1b	,	own (If o		rote limits, write R	URAL ond gi	ive nec	irest tawn	)
d.	OR INSTITUTION	ITAL (If not in hospital, g			1.3		d. STREET A	DDRESS						IDENCE FARM?
	AME OF ECEASED ype or print)	Fii R U	SSE C	L	Middle A	J.	MyEN		4. DATE OF DEATH	Mor 1 2		Da	,	Yeor 1961
S. SE	m	6. COLOR OR RACE	7. MAI		ER MARRIED		ATE OF BIRTH			9. AGE (In years last birthday) 6 5 yrs.		1 YEAR Days	Hours	R 24 HRS Min.
-	USUAL OCCUPAT during mast of wo aborer	ION (Give kind af wark rking life, even if retired	dane 10b	Cannin		INDUSTRY			_	y Maryla		ISA	WHATC	OUNTRY
	acob Mye	rs				1	4. MOTHER'S Flore		hankl	e				
15. V (Yes.	VAS DECEASED EV	ER IN U. S. ARMED FOR	ervice)	17-01-		Mrs.	Anna 1	. My	ers (	Add Same as		2)		
	PART 1. DE  443  Canditions, if gave rise to cause (a), stating lying cause last	immediate the <u>under-</u> DUE TO	)) ))	HYI	PERAL	NSIV		ARDIA	/ ABCULF		151	2	YRS.	RS.
CERTIFICATION	20a. ACCIDENT W	THER SIGNIFICANT CON  VAS UNDERLYING   G   C CAUSE OF DEATH								E CONDITION GIV	/EN IN PART	1(a) 1	PERFO	RMED?
		10	While	INJURY OCC	hile		OF INJURY (I			or town)	(C	ounty)		(Stote
	saw the deced	ac (1) Ithis haspita asset alive an 12	2		and th	mat deal	ATTENDING	d at!A	M, fram	STAFF PHYS.		date	221	
23a.	BURIAL, CREMATI	23b. DATE THEREO	OF .		t Oliv				Fred	rion (City, town, erick, M	arylan		(Stote	e)
2MF	UNERAL DIRECTO	r's Signature Son	Fre	derick	Ess Mary	land		25a. REC'DI	D BY REGIST	RAR. 2Sb. REGI	STRAR'S SIG			



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The state of the s		
	Security, and	

# FOR STATE HEALTH DEPT.

afunerel director. Page etained for your files. Board Health, ny delay is necessary, PULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, fry de please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is funer 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 mey be relained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any front within 72 hours after death.

VS. AISME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	12044	MEDICAL	EXAMINER'S	CERTIFICA	TE OF DEA	TH 13	3913
1.	PLACE OF DEATH  e. COUNTY  Frederick  b. CITY OR TOWN (if outside conwrite RURAL end give neeres  Woods bord	t town)	MARYLAND c. LENGTH OF STAY IN 16 15YR	o. STATE Mary c. cliy or town	rland (If outside corporete lim	county Free	
	d. NAME OF HOSPITAL OR INST WOODSBORG		pital, give street eddress)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	JOHN JOHN	Middle JROME	NULL	4. DATE OF DEATH	Month	Dey Yeer 6 19 61
	M W	WIDOWE	D DIVORCED	. DATE OF BIRTH 4/20/ 1913	lest bit	yrs.	eys Hours Min.
do	SHRINER MFG, CO	ven if retired)	othing	Maryland  14. MOTHER'S MAIDEN			J.S.A
	Charles I	ee Null		Georgette			
15. (Ye	WAS DECEASED EVER IN U.S. A	or detes of service)	SOCIAL SECURITY NO. 17. 1		iana Null	Address	oro Md
NOI	Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICA	DUE TO  (b)  DUE TO  (c)	TRIBUTING TO DEATH BUT NO	ded Gastrie		ON GIVEN IN PART	PERFORMED?
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		BE HOW INJURY OCCURED. (	Enter neture of injury in Pe	rt I or Pert II of item 1B.	)	YES NO NO
MEDICAL	20c. TIME OF INJURY Moni Hour e.m. p.m.	h, Dey, Yeer 20d. I While	Not While fect	CE OF INJURY (Home, farr ory, street, office bldg., etc		(Coun	(Stete)
	21. I certify that I took death resulted from:  ACTUAL SIGNATURE ACTUAL	charge of the rem	Accident . Suic	ide , Homicide CHIEF MEDICAL	Undeterm	Inquiry, ined manner	and in my opinion  DATE SIGNED
	EXAMINER'S B.O.	Thomas		DEPUTY MEDICA Address (Street,	city, town, or county)		
	BURIAL (Specify)	/9/61	MT. Hope		Woodshor		(State)
23	G. C. Parto	n W	alkersville M	DATE D	EC 1 1 '61	Chillen S.	NATURE

SHARIFORDS, NAME AND ADDRESS. Tesas I ashforest 61 010 1 50 15 well street, leads. Squirmoull Till of the land .(.5) 

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13945 CERTIFICATE OF DEATH 13914

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceased lived, If Institution: Residence bafora edmission)					
* Frederick MARYLAND	Maryland Frederick					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Frederick Houte # 4 6 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	X Frederick Route # 4					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?					
Frederick Route # 4	YES NO 🗷					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF					
(Type or print) Clarence Martin	Painter December 29, 19 61					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
Male White WIDOWED DIVORCED	Feb. 13, 1892   last birthday)   Months   Days   Hours   Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?					
Retired R. R. Brakeman KKKKX None	Stanley, Virginia U.S.A					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Martin B. Painter	Ora B. Seekford					
	INFORMANT Address					
(Yes No, or unkown) (Ifyasgive war or dates of sarvica) 235-32-0416 Mm	s. Carrie Z. Painter Rt. #4 Frederick, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	rotte C.V.D. ONSET AND DEATH					
4 2	were corp.					
DUE TO						
Conditions, if any, which (b)						
gave rise to immediate cause (a), stating the underlying  DUE TO						
cause last. (c)	The second secon					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
ATK	YES NO THE					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter natura of injury in Part I or Part II of itam 18.)					
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) tory, streat, office bldg., etc.)					
p.m. 19 at work at work						
21. I certify that (I) (this hespital) attended the deceased from	76-2 1957 10 LC. 21 , 1801, that (1) (wo) last					
saw the deceased alive on Dec. 27 1961, and that	death occured In					
22a. SIGNATURE	22b. DATE					
Vall Vinia - ba	ATTENDING MED. STAFF PHYS. DAG 29. 1961					
22E. PHYSICIAN'S	22d. ADDRESS					
	D. 228 North Market Street Frederick, Md.					
REMOVAL (Spacify)						
Burial 12-31-1961 Mt. Olivet Ce	metery Frederick, Maryland    256, REGIDAY REGISTRAR'S SIGNATURE					
Ballat Challey T?	JAN 3 02 Circhun S. Home					
7 Robert E. Datiley & Son Frederick, Ma	ryland Date					

stely filled in by the funeral pers. Pages 1 and 2 should O POSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control time the place of the pla 

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Regired R. S. Grabertan Morar Home Stanley, Virginia 0.3.1..

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fractions B. Sankford

- EST-M-0 Men Cervic T. Palamer Mt. - D Frederick, Wi.

Dr. B. O. Thomas, dr. M.D. 228 North Parket Street Prilario, Mi.

Burial 12-32-1761 No. Chivet Doreton Stelleriot, hor Cont.

1961 .09 1961

Solventoria hosfyrill

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All education trackers

Violent, a sailer, Son - rederict, ergland

MARYLAI	ND STAT	E DEPAR	TMENT C	F HEALTH
ON OF STATISTI	CAL RESEARC	CH AND REC	ORDS - BAL	TIMORE 1. MAR

139	46	CERTIF	ICATE	OF DEAT	H	Like	1391	5	
1. PLACE OF DEATH		1 tem o	2.	USUAL RESIDENCE	(Where deceased	lived. If institution	an: Residence bef	are admission)	,
G. COUNTY FREDER	ICK	MARY	LAND	MARK	4110	b. COUNTY	ENFR	Id.K	
b. CITY OR TOWN (If outside of		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autside carpore	ote limits, write R	URAL and give n	earest tawn)	
PURAL and give nearest tawn	·K	3 DAYS		NEW	WIN	DSOR			
d. NAME OF HOSPITAL (If not	in haspital, give street	address)	1	d. STREET ADDRESS	S			e. IS RESIDE	NCE
FREDERICK N	1EMORIA	L HOSPI	TAL	RUR	AL			ON A FA	
3. NAME OF	First	Middle		Last	4. DATE	Man	ith C	Day Yeo	r
(Type ar print)	DIFS	B	PAT	TEREN	// DEATH	DEd	/ A		61
5. SEX   6. COLO	OR OR RACE 7. MARE	RIED NEVER MARRI	ED   8. D	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	R IF UNDER 2	24 HRS.
MALE COL	ORED WIDOW	ED DIVORCE	0016	FEB = 18	888	last birthday) yrs.	Manths Days	Haurs	Min.
10a. USUAL OCCUPATION (Give I during most af warking life, e	kind af wark dane 10b.	KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (S	tote ar fareign car	untry) IVD	12. CITIZEN	OF WHAT COU	INTRY?
LABARER	0	RCHAR	0.5	FREDE	RICK	COUNT	V C	.0	
13. FATHER'S NAME			1	4. MOTHER'S MAIDE	EN NAME		10.5%		
60015	PATT	ERSON		MOLL	1E B1	ミムト			
	ARMED FORCES? 16.	SOCIAL SECURITY NO	). 17. INFO	RMANT		Add	ress		
NO N	1 3	13-20-8604	DEL	1/4 PAT	TERSO	NNE	WNIN	DSOR	Mr
18. CAUSE OF DEATH [Ente	r anly ane couse per li	ne for (o), (b), and (c)	10	0	0		, IN	TERVAL BETW	EEN
PART I. DEATH WAS	CAUSED BY: ATE CAUSE (o)	woden	al c	eleer	north	, rua		20	A
541.0	DUE TO			GR	شاهو	2		200	70
Canditians, if ony, which						)			
gave rise to immediate cause (a), stating the under	DUETO							11.	1.70
lying cause last.	(c)								
PART II. OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TE	ERMINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFORM	TOPSY NED?
20n. ACCIDENT WAS LINDER	IYING TI ZON, DES	CRIBE HOW INJURY C	CCURRED. (I	inter noture of injury	v in Part I ar Part	II of item 18.)		1.00	
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
3 20c. TIME OF INJURY Month		NJURY OCCURRED	20e. PLACE	OF INJURY (Hame,	form. 20f. (City	ar town)	(Caunty	v)	(State)
Haur o. m.	19 While at wor	Not while	foctory	, street, affice bldg.,	, etc.)		(000)	,	,,
			( 1'	118/	20/0/.	12/10	1061	45 . (1) (	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
21. I certify that (1) (th	27/1	//		4-14	1992, ta			that (I) (we	
saw the deceased aliv	e an	ly', and	that dea	h accurred at	M, fram 1	the causes ar	d an the dat	te stated at	
kn-o	ush X	amora"	me	ATTENDING PHYS.	MED.	STAFF PHYS.		S	IGNED
22c. PHYSICIAN'S		3/		22d. ADDRESS	2 0	c./ r	- /	1,	1.
NAME (Type)	ANK.	DAMA	20	1 / w	, and	STI	reden	CPT	190
	DATE THEREOF	23c. NAME OF CEM	ETERY OR C	REMATORY	23d 40CAT	ION (City, tawn,	ar caunty)	(Stote)	_
BURIAL (Specify)	-113/61	MTOL	VE (	EMETER	ex/ZED	ERICK	COUNT	-y N	10
FUNERAL DIRECTOR'S SIGNAT	URE /	ADDRESS		(1. 25a. 1	REC'D BY REGISTI		STRAR'S SIGNAT	URE	

VR A15 (4) 1SM 9/59

12 3/21 15/21 15 2/21 FLACK DAKAZO TW. 3.5 St Flack 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13947 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesad livad, If institution, Rasidence before admission) a. COUNTY e. STATE b. COUNTY by the and 2 sideath. Frederick MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give naarest town) write RURAL and give neerest town Thurmont .5 7 Vrs Thurmont Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) At Home executed 3. NAME OF First Middla DECEASED OF (Typa or print) DEATH DONALD BERNARD PETERS 8 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 5. SEX B. DATE OF BIRTH and last birthday) DIVORCED Male WIDOWED | event, Jan physician 10a. USUAL OCCUPATION (Giva kind of work гетоме 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) dona during most of working life, even if retired) Draftsman any Waynesboro Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊆ attending and William J. Peters Rachael L. Koons 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yas giva wer or dates of service) eters.419 attending physician. as been signed by the 18. CAUSE OF DEATH [Enter only one cause par line for (e). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, the burial-transit DUE TO Conditions, if any, which gave risa to immediate causa DUE TO (e), stating tha underlying has burial, certificate SE 2DB. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) use prior 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in fart I or Part It of itam 18.) After this detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 1 2Df. (City or town) factory, straet, offica bldg., atc.) While Not Whila Hour e.m. ō at work et work may be retaine DIRECTOR: D 80 1966 to ...... saw the deceased alive on..... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Thomas A. Love W. Main St. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) TO Blue Ridge Com. Dec. 8. 1961 Buria ADDRESS

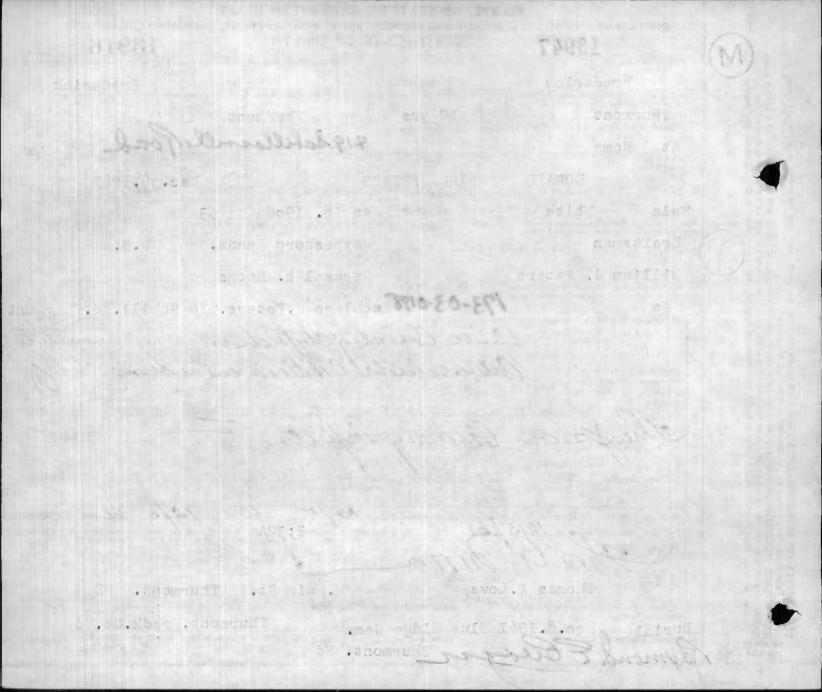
9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min 12. CITIZEN OF WHAT COUNTRY? III.S.A Sabill Rd Thurmont ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)) 19. WAS AUTOPSY PERFORMED? NO F (County) (Steta) 6... 1964, that (I) (we) last ....19......., and that death occure 2 \$1.30 AM, from the causes and on the date stated above. 22b. DATE SIGNED Thurmont. 23d. LOCATION (City, town or county) Thurmont.Fredk.Co.Md 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORS '61 Thurmont. Md

Frederick

. IS RESIDENCE ON A FARM?

YES NO

VR A15 (4) 15M 9/60



TO TUREAL DIRECTOR: Place Standing and in pencil in Item 18. Give Pages 1, 2, and 3. A funeral director. Page 20 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heavil, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	3
FOR STAT	E
HEALTH DE	PT.
Page V	1
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VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13948 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13917

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)  a. STATE  b. COUNTY  Maryland  Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Frederick  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)  Hagerstown R.F.D.I 2.1X 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Frederick Memorial Hospital	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES
3. NAME OF First Middle DECEASED (Type or print) David Selsam Ph	aetteplace A. DATE Month Day Yeer OF DEATH December 2 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Fast birthdey)   Months   Deys   Hours   Min.    14 Yes.   Months   Deys   Hours   Min.   Min.
	Washington Co. U.S.A.  14. MOTHER'S MAIDEN NAME
John M. Phetteplace	Leli M. Wise
(Yes, no, or unkown) (Ifyesgive waror dates of service)	demneth Phetteplace, Hagerstown, R. F. D. I
Conditions, if any, which geve rise to immediate cause (a), stating the underlying DUE TO	these of racound spill
COUSE last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [
	Enter nature of Injury in Part I or Part II of Item 18.) O R.R. and fright train sruck the trac
E XX TO /TOT WELL MANUEL fact	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bidg., etc.]  Kiln Lime Kiln, Frederick, Md.
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes, Accident _X, Suic	cide, Homicide, Undetermined manner
ACTUAL BOOKS	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'B. O. Thomas, M. D.	DEPUTY MEDICAL EXAMINER X 12/2/61  Address (Street, city, fown, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or country) (State)
23. FUNERAL DIRECTOR ADDRESS  Scott F. Minnich & Son, Hagerstov	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Scott F. Filmiten & Son, nagerstov	TII , TIM P DATE

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T. . T. W. Harden Ja-Love att

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David Down Solven The thousand Docember 201

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15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13949 CERTIFICATE OF DEATH 13918

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admissio a. STATE b. COUNTY						
Frederick MARYLAND	Md Frederick						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 18 write RURAL and give negret town)							
-	Legore						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS   e. IS RESIDENCE						
	ON A FARM						
At his Home	YES NO						
NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF						
(Type or print) HARRY NORMAN REDM	IOND DEATH Dec. 7. 1961 19						
. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS						
Male White WIDOWED DIVORCED	Jana 3. 1899 62 yrs. Months Days Hours Min.						
De. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUS							
ona during most of working life, even if retired)							
Laborer Shoe Factory	Frederick Co. MD U.S.A						
Y TAINER 3 NAME	14. MOTHER'S MAIDEN NAME						
Harvey Redmond	Ida K. Meisner						
. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address						
(es, no, or unkown) (Ifyes give we rordates of service)	irs Myrtle V.Redmond Legore MD						
NO 213-10-211 / 10  18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	IL'S L'ALGA A TEACHIOITA DE COLO LES						
PART I. DEATH WAS CAUSED BY:							
immediate cause (a) or gettive my first of fidures							
5 9 / X DUE TO							
Conditions, if any, which \ (b) Con Acid Marchel							
gave rise to Immediate cause	0						
(a), steting the underlying DUE TO Q Vato	25 mesers						
couse lost. (c) Dilliverial browning the course							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	YES T NO T.						
20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Part I or Part II of itam 18.)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	LACE OF INDUMY III (c ) 204 IC's IC						
	LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) scrory, street, office bldg., etc.)						
p.m. 19 et work at work							
21 1 cortify that (I) (this hospital) attended the deceased from	neverter, 1950 to 7 DRC, 1961, that (1) (we) la						
	at death occure 7: ILOPM, from the causes and on the date stated above						
A							
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE						
Julie Koner	M.D. PHYS. DIRECTOR PHYS.						
22c. PHYSICIAN'S	22d. ADDRESS						
NAME (Type) James E. Stoner, Jr.	Walkersville, Maryland						
38. BURIAL, CREMATION, 236. DATE THEREOF   23c MANS OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or county) (Stete)						
RBurial 12-10-61 Oak Hill C							
DOLIAT TS-IO-OT ONK UITT O	emener A negote, Mas 11ags 00.						
AUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Cumont Course Thurmont,	Maryland, DEC 12'61 Uniting 2. Thomas						
my de Comple	VIVALE						

13076 and 12 statement of the 67687 Mala hart Toronto. auto I mid Table TOOT IT . DOC . TO THE CHANGE MANGE TO THE PARTY OF THE P Nole Strike - Strike - Strike 3. 1099 92 - Fig. Shoe Fuetors - codesion of the B.L.S. Inhorocal Torvey Redwond Donald Love T acount fication of election of Teta-Olivers

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## 13950

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12919

	1. PLACE OF DEATH	erick			2. USUAL RESIDEN	ICE (Where de	ceesed lived, If in b. COUN	nstitution: Residen	ce before e	dmission)
	b. CITY OR TOWN (	if outside corporete limit give neerest town)		STAY IN 16	c. CITY OR TOWN	(If outside corpo		RURAL end give		rn)
		Memorial H	not in hospitel, give street ospital	eddress)	d. STREET ADDRESS	es Ford	Road		ON	ESIDENCE A FARM?
	3. NAME OF DECEASED	First	Midd		Last	4. DATE	Month	Dey	Yee	-
	(Type or print)	CLYTI			IFSNIDER	DEATH		ember 21	,	
	5. SEX Female	6. COLOR OR RACE	7. MARRIED NEVER MA		DATE OF BIRTH  L June 1890		AGE (In yeers lest birthdey) 71 yrs.	Months Doys	Hours Hours	Min.
1	House-	rking life, even if retire	At Home		McKaig, M	laryland		USA	F WHAT	COUNTRY?
/	13. FATHER'S NAME	Dalana			4. MOTHER'S MAIDEN		11770			
	John T.  15. WAS DECEASED EV		CES?   16. SOCIAL SECURI	TV NO L 17 FBI	FORMANT	Tandeno	Address			
	(Yes, no, or unkown) (I	fyesgive werordates of se	None couse per line for (e), (b), e	Rob	ert R. Reif	Snider			ERVAL BET	
	Conditions, if any geve rise to immedi (e), steffing the u ceuse lest.	nderlying DUE TO	TIONS CONTRIBUTING TO D		cute mys				9. WAS A	AUTOPSY DRMED?
	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIBE HOW INJ	URY OCCURED.	Enter nature of Injury in	Pert I or Pert II	of item 18.)			
	20c. TIME OF INJU Hour e.m. p.m.	IRY Month, Dey, Yee	While Not While et work et work		E OF INJURY (Home, far y, street, office bldg., et		or town)	(County)		(Stele)
			al) attended the dece 2-2 1961					, 196.f., tand on the d		
	22c. PHYSICIAN'S NAME (Type)	Rex R. Mar	martini tin, M. D.	M.D	ATTENDING PHYS. ZZd. ADDRESS 220 N . Ma	MED. DIRECTOR [	STAFF PHYS.	22 Dec	1961	nd
	23e. BURIAL, CREMATI REMOVAL (Specify) BUTIAL	12-24-61		Olivet C	emetery		erick, M		(\$	itete)
	24 FUNERAL DIRECTOR	Son Ser	Frederick,	<sup>S</sup> Marylan	d 25a. RE	DEC 2 7 '6		SISTRAR'S SIGNA		

OFFINITE. 3 Trans-islanies Local ment of the last of the second (S minnes I am a series of the season rigg 1-angels 10013 artemediate but diggs with a who 12-21 61 :: 57 12-21 6/ LAR martin 220 W. Market St., Republish, Estember THE RESERVE OF THE builting delicated the carries a sentile and the carries and the back the there were early the the

## FOR STATE HEALTH DEPT. stuneral director. Page retained for your files. y delay is necessary, of Health TO COUNTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death of any delay is neperate execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is funeral direct a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 6

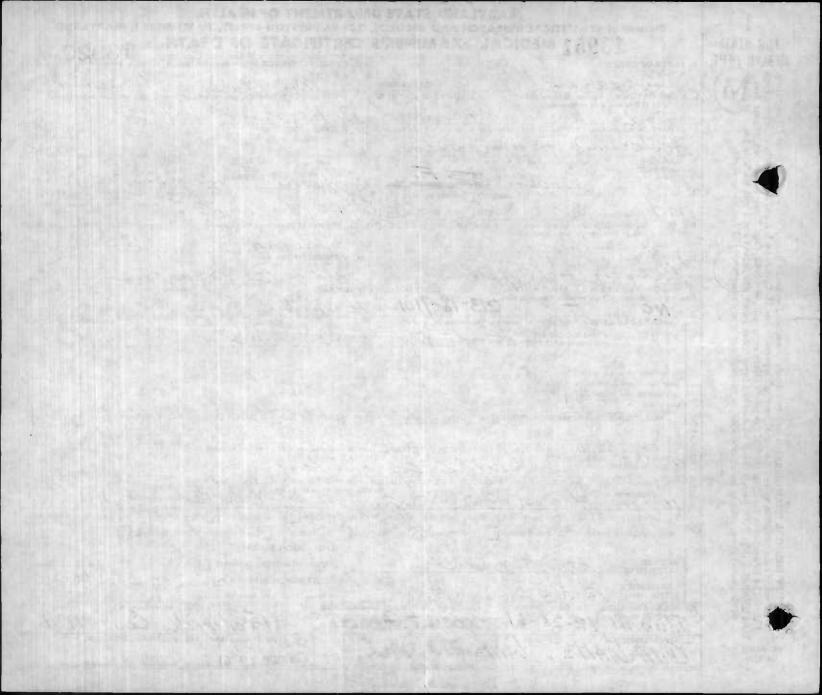
## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 2 0 5 2 MEDICAL EXAMINED'S CEDITICATE OF DEATH

10001	CHRISTICATE OF DEATH	13920
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If insti	tution: Residence before admission)
a. COUNTY	a. STATE 2 b. COUNTY	2-1
Trace MARYLAND	Many and	recerses
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RU	RAL and giva nearest town)
	Mark Carry KD4	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address)	d. STREET ADDRESS	L - IS DESIDENCE
S. HAME OF HOSPITAL OR HASHIOTON (II HOSPITAL, GIVE SITEM MODESS)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
frederick momonal Hospital		YES NO R
3. NAME OF First Middle	Last   4. DATE Month	Day Year
(Type or print)	OF OF O	11
Mart War	Replean DEATH Deente	er 2 5 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	a ship a	JNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED DIVORCED	8/4/18 (43 yrs.) Mc	onths Days Hours Min.
	7	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if ratired		3 4 4 4
Jen surplaned	moderick	W.S.a_
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harvey & Riffens	11.11 6 7- 7	
14.00 - NATIONAL	Mila R. Marli	· · · ·
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT	
NO - 213-18-9101	Hospital Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY. 10	A	ONSET AND DEATH
IMMEDIATE CAUSE (a) Theren signe	e Thurse	4-tus
916.5 DUE TO		
		15 10 10 10 10 10 10 10 10 10 10 10 10 10
gave rise to immediata cause (b)		
(a), stating the underlying DUE TO		
cause last, (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1/a) 19. WAS AUTOPSY
		PERFORMED?
[5]		YES NO
	(Enter nature of Injury in Part I or Part II of itam 18.)	
PRIMARY RO or CONTRIBUTING   CAUSE OF DEATH.	alstank	
TOWN BOOM	ACE OF INJURY (Homa, farm, 20f. (City or town)	10
	trory, streat, office bldg., etc.)	(County) (State)
Hour While Not While at work at work	- 1 h 32 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	maderick Wa
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes , Accident , Suice	cide . Homicide . Undetermined mann	ner
	CHIEF MEDICAL EXAMINER	
ACTUAL BADE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE 100 MOMENT	M.D.	33 19/1
EXAMINER'S R D T	DEPUTY MEDICAL EXAMINER	201101
NAME (Typa) 12, W. Lomas, M2	Address (Streat, city, lown, or county)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or	country) (Stata)
BURIAT 12-26-61 LOCUST GR	ove I-pederick	Co, Md.
23. FUNERAL DIRECTOR / ADDRESS/	240, REC'D BY REGISTRAR I 24b, REGISTR	AR'S SIGNATURE
(1) m halta hinsield, ma	/ Z45. REGISTR	
[ C1111 WATT 2 ) WITH - 19 1 1 100	DATE DEC 2 7 '61 0 3	and & France

VS. A15ME 5M 7/59



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13959
CERTIFICATE OF DEATH

	13952		CERTIFICA	E OF DEA	. In		1392	1	
1. PLACE OF DE				2. USUAL RESI	DENCE (Where	deceesed lived, If i	institution: Residen	e before a	dmission)
e. COUNTY	Frederick		MARYLAND	e. STATE	MD	b. COUN	quil to a	0 1=	/
b. CITY OR TOW	/N (if outside corporete limits	5. 1	c. LENGTH OF STAY IN 16	c. CITY OR TO		porete limits, write	RURAL end give		n)
write RURAL	end give nearest town)		T5 wns	W -					
	DISPITAL OR INSTITUTION (if	not in horn	15 yrs	d. STREET ADD				e. IS RE	SIDENCE
At	Home	noi in nosp	nios, givo situal addiess;			- C-1		ON A	A FARM?
				East	Main	St.		YES	-
NAME OF DECEASED (Type or print)	VIOLA	н.	ROBERTSON	Last	4. DATE OF DEAT	Month		Yeer	
5. SEX			NEVER MARRIED	8. DATE OF BIRTH		Dec . 1	3-1961	19 IF UNDER	24 HRS.
Female	White	WIDOWED	X		1875	lest birthdey)	Months Deys	Hours	Min.
Oo. USUAL OCCU	PATION (Give kind of work	10b. KII	ND OF BUSINESS OR INDUS	RY   11. BIRTHPLACE	(County & State, o	r foreign country)	12. CITIZEN O	F WHAT C	OUNTRY
	f working life, even if retired Wife	3)	Own Uama	Md.			U.S.A		
3. FATHER'S NAM			Own Home	14. MOTHER'S MA	IDEN NAME				
Michae		aft		Minerva		on			
5 WAS DECEASED	EVER IN U.S. ARMED FOR	CES2   14 S	OCIAL SECURITY NO. 17.	INFORMANT		Address			
Yes, no, or unkown	(If yes give wer or detes of se	rvice)							
NO			No Cha	s.V.Robel	rtson E	· wain S	t .Thurm	ont.	wd_
	F DEATH [Enter only one	couse per	for (e), (b), end (c).)					SET AND D	
PART I. D	EATH WAS CAUSED BY:  JAMEDIATE CAUSE (+)	DN	wek						
90	DUE TO	^	1 - 1 1 1	. 0 1	-	0 4		Λ	
Conditions, if	eny, which ) (b)	(Acc	idental of al	with y	acture	of 41,0	com 6	day	0
geve rise to imr	OLIF TO		1					0	
(e), steting the	e underlying (c)		U	0		•			
Z PART II. O		IONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	EN IN PART 1(e)   1	9. WAS A	UTOPSY
									RMED?
20a ACCIDENT	WAS UNDERLYING TO	20h DESC	CRIBE HOW INJURY OCCUR	D (Enter nature of inju	ry in Pert 1 or Pert	II of item 18.)	1		10 [10]
OR CONTRIBUT	ING CAUSE OF DEATH	200. 0130	MIDE HOW HOOK OCCO	. (2113) 113	,				
20c. TIME OF	NJURY Month, Dey, Yee	r   20d. II	NJURY OCCURRED 200. PI			ty or town)	(County)	(	(State)
20c. TIME OF I	7 12-7.6	While et work	- 1401 44 IIIIO	ctory, street office bldg		- Emain	Thurmon	+In	ma
	m. / / 19 6			51 0	7.	1	7 .		
		_	led the deceased from	-		(	, 196./., 1		
			19.01, and the	t death occured (	atA., fro	m the causes	and on the da		
22e. SIGNATU	RA TE	li		ATTENDING	MED.	STAFF		226.	. DATE SIGNED
	James 1.1x	tray		M.D. PHYS.	DIRECTOR	PHYS.			
22c. PHYSICIA NAME (T		K. a	Gray	22d. ADDRESS		t. Thur	nont.	MD	
23e. BURIAL, CREA	MATION, 236. DATE THER	EOF	23c. NAME OF CEMETER	OR CREMATORY		CATION (City, tox		(51	lete)
REW CHILIST			Green Ridg		er 0181	LOwn A7	leghenv	CO	Sun
24 FUNERAL DIREC	TOP'S SIGNATURE		ADDRESS	250	. REC'D BY REGI		SISTRAR'S SIGNA	CO + J	WILL
ma.	d E, Creager		Thur	ont alla	DEC 1 0		arthur S. Ki		
Jarin	and C Gal			DAT	IE DEC 10	01	inchur d. Tu	alla	

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MAI	RYLAND STATE DEPARTMENT OF	HEALTH
	STATISTICAL RESEARCH AND RECORDS - BALTIM	
40050	CEDTIEICATE OF DEATH	

		DITIDIOIT 01	SIMILALIA WESTAWALL WILL	WEGGERS - DIVELLI
1	30	53	CERTIFICATE	OF DEATH

	13953	CERTIFICA	TE OF DEATH	13922 /
1. PLACE o. COU	OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If	
0.000	FREDERICK	MARYLAND	MARYLAND	OUNTY FREDERICK
	OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest town)
	FREDERICK	1/dzys	Boyds	15 X 2
d. NAA OR I	AE OF HOSPITAL (If not in hospital, give street of NSTITUTION	11	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
FRI	EDERICK MEMORIA	ur Losh.		YES NO
3. NAME DECEAS	SED	Middle	Lost 4. DATE OF	Month Day Yeor
(Type o		7(.	NUBEL DEATH	Dec. // 196/
5. SEX	1 1/		B. DATE OF BIRTH 9. AGE (1)	thdoy) Months Doys Hours Min.
10- 11511	WIDOWE		3-6-8/1/	In Citizen of What company
during	COCCUPATION (Give kind of work done 10b. I post of working life, even if retired)	KIND OF BUSINESS OK INDU	Mary and.	12. CITIZEN OF WHAT COUNTRY?
13. FATHE	R'S NAME		14 MOTHER'S MAIDEN NAME	)
e,	ACOB H. KUBI	EL	Tauline Paul	
15. WAS D {Yes, no. or i		SOCIAL SECURITY NO. 17. IN	IFORMANT A A	Address O Acad
	120 - 57	17-10-9539 17	210 Berlice Trubel,	Doyds, Md.
18. C	AUSE OF DEATH [Enter only one couse per lin	e for (o), (b), ond (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	REMIH		-7
	DUE TO	, D	total Hunt	1 1/25
	ditions, if ony, which (b) Be	night ros	italic Ayperiro	phy
cous	e (o), stoting the under-	21/ 10		
_	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(a) 19 WAS AUTORSY
5	m /		THO I RELATED TO THE TERMINAL DISEASE CONDIT	PERFORMED? YES   NO
20a. A		RECOMEN	D. (Enter noture of injury in Port I or Port II of item	
OR CO	ONTRIBUTING [] CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	SINDE HOW INDOME OCCURRE		
	ME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While	t-	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (Stote)
WE	p. m. 19 of work	1401 111110		
21.	certify that (I) (this hospital) attend	ed the deceased fram	12-4- 196/ to 12-	1/ - 1961, that (1) (wet last
sow	the deceosed olive on 12-4	- 196/, and that a	leath occurred at a AM, from the cou	ses and on the date stated above.
220. 5	SUBSTATURE A P	1	ATTENDING MED STAFF	22b, DATE SIGNED
1	rober O Cro	uch	M.D. PHYS. DIRECTOR   PHYS.	12-11-61
22c. P	HYSICIAN'S	ROUCH	22d. ADDRESS 78/1 Ho	ise Are Francisk in
02 045				- I rederid his
REMC	AL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d, LOCATION (City	or county) (Stote)
24 FIINED	AL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25	ib, REGISTRAR'S SIGNATURE
10),	Plian B. Hillon	Bornesvill	DATE DEC 1 8 '61	Cilla & K

CARS II SOUTH TO BE TO B The whole and a second The a the Relate of The Contract The " The Stranger one Butter trubely Bourt Wille THE WAR DESCRIPTION OF THE PARTY OF THE PART Bearing Trestation Hyperteery Brende process to good and Aliente d'aspection de la lateral de la lange de la la The Addition of the Smalley

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13954 CERTIFICATE OF DEATH 13954 12000

	300,1				100	60
<ul> <li>PLACE OF DEAT</li> <li>a. COUNTY</li> </ul>	H	N .	2. USUAL RESIDENC	E (Where deceased	lived, If institution: Resi	dence before admission)
	rederick	MARYLAND	Mary!	and		erick
b. CITY OR TOWN	(if outside corporate limi				mits, write RURAL and g	
	d give neerest town)	Danne	Mark ou			
Frederick		if not in hospitel, give street addrass)	d. STREET ADDRESS	18		. IS RESIDENCE
	2.0		d. SIREEI ADDRESS			ON A FARM?
The state of the s	emorial	nospit <b>al</b>				YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month [	Dey Year
(Type or print)	OLIVE		RUNKLES	DEATH	December :	
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		(In years   IF UNDER 1 YE.	
Male	White	WIDOWED DIVORCED	June 27, 1901		yrs. Months Day	ys Hours Min.
Oe. USUAL OCCUPA	TION (Giva kind of worl	k   10b. KIND OF BUSINESS OR INDUS		y & State, or foreign	country)   12. CITIZE	N OF WHAT COUNTRY
	orking life, even if retire		Mon	mel am d		USA
County I	oug.	Engineering		ryland		UDA
			14. MOTHER'S MAIDEN N			
	VanSant Ru		Mart	tha Wilson	n	
	/ER IN U.S. ARMED FOR		INFORMANT		Address	
No.	,	217-10-9031 M	rs. Pauline H.	Runkles	. Same as It	tem #2
18. CAUSE OF	DEATH [Enter only one	cause per line for (e), (b), end (c).]				INTERVAL BETWEEN
	TH WAS CAUSED BY:	( )	00	TOMACH		ONSET AND DEATH
	IMMEDIATE CAUSE (e)	CARCINONA	of the J	TOMACH		0 1110
151>	DUE TO				THE RESERVE OF THE PARTY OF THE	
Conditions, if en	1-4					
gava risa to immed (e), steting the	DITE TO					
cause last.	(c)				W-900000000	
		ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE CONDI	TION GIVEN IN PART 1	a)   19. WAS AUTOPSY
						PERFORMED?
						YES X NO
PART II. OTHE	AS UNDERLYING TO CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCUR	D. (Enter nature of injury in Pe	art I or Pert II of iter	п 18.)	
	CAUSE OF DEATH					
20c. TIME OF INJ	URY Month, Day, Ye		ACE OF INJURY (Home, farm,		vn) (County	(State)
20c. TIME OF INJ Hour a.m.		While Not While tet work at work	ectory, street, office bldg., etc.)			
Print	19		e1 ,	0/01 /	2/2: 10/1	1. (1)
		ttended the deceased from				
saw the decea	sed alive on	2/23 196/ , and th	at death occured 6t.A.	M, from the	causes and on the	
22a. SIONA URE	0 1	1	ATTEMPING	ED. STA	AFF	22b. DATE
Kich	and C. K.	Dunden		RECTOR PHY	Ys. 🗌 26 ]	Dec 1961
22c. PHYSICIAN'S	, , , , , , , , , , , , , , , , , , ,	- June	22d. ADDRESS			
NAME (Type		. Reymonds, M. D.	9 E. Churc	ch St. F	rederick, M	d.
DUDIAL CREAT					(City, town or county)	(Stete)
3a. BURIAL, CREMA	)					
Burial	Dec.27,	1961 Mount Oliv	et Cemetery		ick, Maryla	
4 FUNERAL DIRECTO	R'S SIGNATURE SON	Frederick, Maryla	na		25b. REGISTRAR'S SIG	
Ma States	A SOL ASOLI	Mary 10K, mary 10	DATEDE	G 2 7 '61	Orthur S. H	talla
0000000		10 11				

evini . Litters Linens Solvetor to divise the control of the control Name white the same want of 1504 57 description of the second of t Light of the state Study with the series to such as the series of the series A STATE OF THE PROPERTY OF THE intial costs, increased a realist tender to the costs of i. s. prepara to an arrival and

VR A1S (4) 1SM 9/S9

## MADVIAND STATE DEPARTMENT OF HEALTH

MAKILAN	JIAIL	DLI	WU !!	VI -IN		LAL	111
DIVISION OF STATISTICA	L RESEARCH	AND	RECOR	DS -	BALTIMO	RE 1, A	MARYLAND
-							

	13955	CERT	IFICATE	OF DEATH		120	124
	PLACE OF DEATH  o. COUNTY  FREDER	RICK M	ARYLAND 2.	usual RESIDENCE (Who a. STATE Mary]	ere deceased lived. and b.	If institution: Resident COUNTY FT ed	e before admission)
	b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) "redericl	nits, write c. LENGTH OF ST Weeks	AY IN 16	C. CITY OR TOWN (IF O	utside corporate limi		
<i>J=</i>	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION  REDERICK Co.	give stréet address)'  CHRONIC B	10SPITAZ	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO 2
	NAME OF FIDECEASED (Type or print) = 1.7 ABP 7	irst Mid	dle	Lost SHAFER	4. DATE OF DEATH	Month 12	Day Year 1.3 1961
S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MA		ATE OF BIRTH	last l		1 YEAR IF UNDER 24 HRS. Days Hours Min.
	USUAL OCCUPATION (Give kind of work during most of warking life, even if retired	odone 10b. KIND OF BUSINESS		11. BIRTHPLACE (State	ar fareign cauntry)	12. CITI	ZEN OF WHAT COUNTRY?
-	FATHER'S NAME		14	I. MOTHER'S MAIDEN N	IAME		
15. {Ye	WAS DECEASED EVER IN U. S. ARMED FO		No. 17. INFOR		TA Boyds,	HUFF Address Md.	er
	couse (o), stoting the under-	· Care	non	Milaseo	no, L	olen	ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CON  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	rteres	Selonos	3/5		19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, You Hour a. m. 19		20e. PLACE foctory	OF INJURY (Home, farm, street, office bldg., etc.	, 20f. (City or town	n) (C	County) (State)
	21. I certify that (I) (this haspita	al) attended the decease	ed fram	19	48.ta /	2/13, 196	L, that (1) (we) last
	saw the deceased alive an	Brice	M.D.	ATTENDING MIPHYS. DI	ED. STAP		date stated abave.  22b. DATE SIGNED
	Dr. A. T.	albott Brice	9	1 Je	fferson,	Md •	
230	BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify) DUPLAL 12/16/1	961 Luthers		tery	Middle	7	(State)
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		25a. REC'	D BY REGISTRAR	25b. REGISTRAR'S SIG	
L	Gladhill Company	, Middletown	1, Md.	DATREC	1 9 '61	arthur S. 1	Trans

and married of the Water of the property and Caremera Share Colon Colon Charles and the state of the st 13/2 4/21 20/21/21/21 

# stely filled in by the funeral ers. Pages 1 and 2 should POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the page of the page of the plant of

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE SAMMINICAND

13956
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission)
a. COUNTY Frederick MARYLAND	a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearast town) Frederick  17 yrs.	// Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, giva street addrass)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
117 West South St.	117, West South Street YES NO A
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) HARRY CLINTON S	MITH December 28 th4961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In years   F UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED 1	Mar. 8 1878   83 yrs.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if ratired)	Y 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Retired merchant Operated a store	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Smith	Amelia Karah Spealman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) ((Ifyesgive war or dates of service)	NFORMANT Address
No 193-18-5529 M	rs. Mary W. Smith 117 W. South St.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Jenelity	3 years
7 9 1/ VOUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), stating the underlying cause last.	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
A	PERFORMED? YES NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURED OF IT	. (Enter nature of injury in Part I or Part II of item 18.)
Hour a.m. While Not While fact	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, streat, office bldg., atc.)
	7-/3-, 1959, to /2-28-, 196/, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	death occured at .C. AM, from the causes and on the date stated above.
1 1 1 nm -	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S	224 ADDESC
NAME (Typa) Rex R. Martin M.D.	220 N. Market St. Frederick Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)  Dono 70 10(2)	OR CREMATORY  23d. LOCATION (City, town or county)  Hanover Penn  (Stata)
Burial Dec. 30 1961  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1 1 V 1 L COLLEGE	Vid. DATE IAN 3 '62 Chilms & Thous
	YAN

117 Mest South St.

Melarick

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Mana gamen

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dentile dine too ell

HARRY CALLYTEN SHOTEL December 28 th. 6]

1011000

162 8 1870 83

ation order described a store described

March Spending

197-16-729 Mrs. Mary W. Saith 117 W. South 19.

Rox R. Martin

JOYAND BU

. W history .Je Jerizel .V. CSS

Manover Ferre.

Dilay's regard, age Frederick M.

Irodanias

TO COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ce. Alely filled in by the funeral a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in prior to burial, cremation, or removal, and in any event, within 72 hours after death

15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13957 CERTIFICATE OF DEATH

13926

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Prederick  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  D.O.A. Frederick Memorial Hospital  A. STREET ADDRESS  D. D	1-	e. COUNTY Frederick MARYLA	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) 6. STATE  Marvland  Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  D. O. A. Frederick Memorial Hospital  3. NAME OF DECEASED DECEASED PACE ASE  ROGER WESLEY SMITH  DECEMBER 7. MARRIED NEVER MARRIED  S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Tavern  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stale, or foreign country) Tavern Tavern  Tavern  Tavern  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If se, no, or unkown) (If yes give war or dates of service) W. W. 1  18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  ON A FREET ADDRESS  4. DATE OF BIRTH DECEMBER 7  4. DATE OF BIRTH DECEMBER 7  4. DATE OF BIRTH DEATH DECEMBER 7  4. DATE OF BIRTH DEATH Worth PART I. DATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  No A STREET ADDRESS  4. DATE OF BIRTH DEATH Worth PART I. DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  No A DECEMBER 3  4. DATE OF BIRTH DEATH Worth PART I. DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  No A DECEMBER 3  4. DATE OF BRITH DECEMBER 3  4. DATE OF BIRTH DECEMBER 3  4. DATE OF BIRTH DECEMBER 3  No A DECEMBER 3  4. DATE OF BIRTH DECEMBER 3  No RESIDENCY ON A PECT NO RATE OF A DATE OF BIRTH DECEMBER 3  No RESIDENCY ON A PECT NO RATE OF BIRTH DECEMBER 3  IN INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  ONSET AND DEATH DECEMBER 3  4. DATE OF BRITH DATE OF Month DEVEN ON STERMING ON A PECT NO RATE OF DEATH DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEATH DECEMBER 3  INTERVAL BETWEEN ONSET AND DEATH DATE OF		b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
D.O.A. Frederick Memorial Hospital 406 Broadway    Social Security No.   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100		· · · · · · · · · · · · · · · · · · ·	) d. STREET ADDRESS   e. IS RESIDENCE
ROGER   WESLEY SMITH   December 7   19 6]			
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In yeers If UNDER1 YEAR IF UNDER 24 HR  10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10s. KIND OF BUSINESS OR INDUSTRY  11s. BIRTHPLACE (County & Stale, or foreign country)  12. CITIZEN OF WHAT COUNTING  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Iffyesgive war or dates of service)  Yes  W.W.1  18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), and (c).]	3.	DECEASED	OF
Male C WIDOWED DIVORCED Apr. 21-1894 67 yrs. Months Deys Hours Min.  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tavern Owner  Tavern Frederick Co. Maryland U.S.A.  13. FATHER'S NAME  George Smith  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or dates of service)  Yes W.W.1  18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONLY ONLY Manual Faultur  Martha Hopkins  Address  W.W.1  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH  So Oaye	5	TOOLER MEDIET PMIT	December / 1901
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tavern Owner  Tavern Frederick Co. Maryland U.S.A.  13. FATHER'S NAME  George Smith  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give war or dates of service)  Yes  W.W.1  16. SOCIAL SECURITY NO. 17. INFORMANT  Martha Hopkins  Address  W.W.1  18. CRUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  W.W. LASALIA GENTLE CAUSE (b)  MARTHA HOPKINS  Address  W.W. LASALIA GENTLE CAUSE (b), and (c).]			Months Deys Hours Min.
Tavern Owner  Tavern  Frederick Co. Maryland U.S.A.  13. FATHER'S NAME  George Smith  15. WAS DECEASED EVER IN U.S. ARMED FORCES? Id. SOCIAL SECURITY NO. IT. INFORMANT  Yes  W.W.1  18. CAUSE OF DEATH [Enter only one ceuse per line for [a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conception  Frederick Co. Maryland U.S.A.  Martha Hopkins  Martha Hopkins  Address  Martha Hopkins  Address  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  S. Oaye  ONSET AND DEATH  S. Oaye	10 d	0e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR IN	
George Smith  15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT]  Yes  W.W.1  18. CRUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  WE MARKED FORCES?  In Martha Hopkins  Address  Martha Hopkins  Address  Martha Hopkins  Address  Address  Address  Address  Address  Martha Hopkins  Address		Tavern Owner Tavern	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address [17. INFORMANT] [18. Social Security No. 1	13		
Yes W.W.1   (Ifyesgivewarordatesofservice)   W.K.NOWN   Maude B. Smith-406 Broadway-Fred. Md.  18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   Cause of the control of t	17		Martha Hopkins
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Ouge  INTERVAL BETWEEN ONSET AND DEATH 30 Dayse		Yes, no, or unkown) (Ifyesgive war or dates of service)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONSET AND DEATH  30 Days	-	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN
4443 V DIETO		PART I. DEATH WAS CAUSED BY:	Gent Farley 30 Days
		443 X DUE TO	10
Conditions, if ony, which (b) artin selevitic Meant Disease (year		Conditions, if eny, which (b) artinosely	entu Meant Diserse (year
geve rise to immediate cause (a), stating the underlying DUE TO		POLIE TO	
couse lest. (c) Myhertysive Chribovas ander Diseas 3 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES NO	ATION	PART II. OTHER SIGNIFICANT CONDITIONS COMPRIBUTING TO DEATH B	PERFORMED?
	10	200. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OC	CURED. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED factory, street, office bldg., etc.]  White Not While et work et work et work	CERTIFICATION		
21. I certify that (I) (this hospital) attended the deceased from	MEDICAL CERTIFICA	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20 While Not While	
saw the deceased alive on		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20d. Hour a.m. White et work et work 21.   certify that (I) (this hospital) attended the deceased	from
ATTENDING MED. STAFF SIGN		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20d. Hour a.m. While et work 21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on 22d. 22d. Injury Occurred 22d. 1964, and	from 19.77, to 2.2., 19.64, that (I) (we) last that death occurred at 2.4.M, from the causes and on the date stated above.
22c. PHYSICIAN'S NAME Type Edward Stone 22d. ADDRESS 4 West 3rd Street Frederick, Md.		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20d. Hour a.m. While Not While et work 21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on	from
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)  BURIAL Specify)  Dec.11-61  Fairview  Frederick. Maryland		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20d. Hour a.m. While et work 21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on 22e. SIGNATURE 22c. PHYSICIAN'S	from
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	WEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20d. Mylle Not While et work 21. Certify that (I) (this hospital) attended the deceased saw the deceased alive on	from
C.E. Hicks 111 Frederick, Maryland DEC 13'61 Outlan S. Kana	WEDICAL	20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on	from

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13050 CERTIFICATE OF DEATH
13927

1. PLACE OF DEATH a. COUNTY Frederick  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Frederick  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 912 North Market Street  3. NAME OF DECEASED (Type or print)  ALLEN  D. Si	2. USUAL RESIDENCE (Whare dacesed lived, If institution: Residence before admission)  a. STATE Maryland b. COUNTY Frederick  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick  d. STREET ADDRESS  912 North Market Street  Last  4. DATE  Month  Day  Year
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Frederick  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  912 North Market Street  3. NAME OF DECEASED  C. LENGTH OF STAY IN 1b  Years  Middle	c. CITY OR TOWN (If outside corporate limits, write RURAL and give naerast town)  Frederick  d. STREET ADDRESS  912 North Market Street  ves \( \text{No k} \)
912 North Market Street  3. Name of Deceased First Middle	912 North Market Street
3. NAME OF First Middle DECEASED	912 North Market Street
DECEASED	Last A DETE Month Day Year
ALLEN DA D	PENCER, III. OF December 24, 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED TO DIVORCED	8 March 1903   Last birthday)   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
dona during most of working lifa, aven if ratirad) Salesman  Produce Firm	Baltimore, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Allen D. Spencer, Jr.	Florence Morgan
18. CAUSE OF DEATH [Enter only one causa par lina for (a), (b), and (c).]	s. Barbara Zimmerman Chamblee, Georgia  Lead disease with Interval Between onset and Death
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	Occite myorardial injurity  IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEA	D. (Enter nature of injury in Part I or Part II of itam 18.)
	ACE OF INJURY (Home, ferm, ctory, streat, office bldg., atc.) (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	at death occured at: 30M, from the causes and on the date stated above
220. SIGNATURE Run Martin	ATTENDING MED. STAFF 27 Dec 1961
22c. PHYSICIAN'S NAME (Typa) Rex R. Martin, M. D.	220 N. Market St., Frederick, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Spacify) 12-28-61 Mount Olive	
24 FUNERAL DIRECTOR'S SIGNATURE Son, frederick, Maryla	25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after bege 4 may be retained by the hospital or attending physician.

O XUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control with the filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within, 72 hours after death. VR A15 (4) OI 15M 9/60

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Allen B. Spendig, dr.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
13959	CERTIFICATE OF DEATH	13928
CP OF DESTH	II 2 HOURT PECIDENCE (When does	

	1	3959		CE	RTIFICA	ATE	OF D	EATH					139	328	
e. CO	e of DEATH UNITY Frede	rick			MARYLAN		o. STATE	RESIDEN Mary	CE (Where d		ived, If . COUN	TV	Resider eder		edmission
b. CIT	Y OR TOWN (if	outside corporete lim give neerest town)	îts,	e. LENG	TH OF STAY IN	1b	c. CITY O		f outside con		ifs, write	RURAL	end give	nearest to	wn)
		Memorial		_	street eddress)		d. STREET	ADDRESS						ON	A FARM
	IE OF EASED or print)	JOHN		LE	Middle ST	'RAI	LMAN,	SR.	4. DATE OF DEATE	н	Month	embe	r 3.	Ye-	61
. SEX		6. COLOR OR RACE White	7. MARRIED	_	R MARRIED DIVORCED		ATE OF BIR	TH		9. AGE (I	n yeers thdey) yrs.	IF UNDE Months		Hours	R 24 HRS
done du	ring most of work	ON (Give kind of working life, even if retire er - Hudse	dì		Equip		-		k, Md.		country)	12. 0	USA	OF WHAT	COUNTRY
	rion Str	ailman					May Go		NAME						
15. WAS	DECEASED EVER or unkown) (Ify	IN U.S. ARMED FOR	service)	SOCIAL SE	-5012 F			Strai	lman,		Address	m, M	d.		
Cond geve (e),	PART I. DEATH  33 1 X  ditions, if eny, erise to immediate stating the uncellest.	e ceuse		lre	lerat	THOTI			rha NAL DISEASE	0	ON GIV	EN IN PA		19. WAS	DEATH LUCE
OR C	CONTRIBUTING [	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)			V INJURY OCC							100		YES T	NO TO
20c.	Hour a.m.	Y Month, Day, Ye	While et work		/hile		OF INJURY , street, office			ty or town		(C	ounty)		(Stete)
		at (I) (this hospi	2 1	ded the	1			red 2:0	1937 to	m the c	auses			that (I) ate state	
	PHYSICIAN'S	les X	Con	lle	nx	M.D.	ATTENDIN PHYS.	DRESS	AED. DIRECTOR [	STAF PHYS	. 🗆			196	L DATE
23e. BUI		Charles H.		23c. NA	Me OF CEMET	_	CREMATOR	Ϋ́	rket St	ATION (	City, to	wn or cou	inty)		Stete)
24 FUNE	Ral DIRECTOR'S	- 1	arkle fred	Luck	Mary			1	'D BY REGIS	STRAR 2	5b. REC		S SIGNA		

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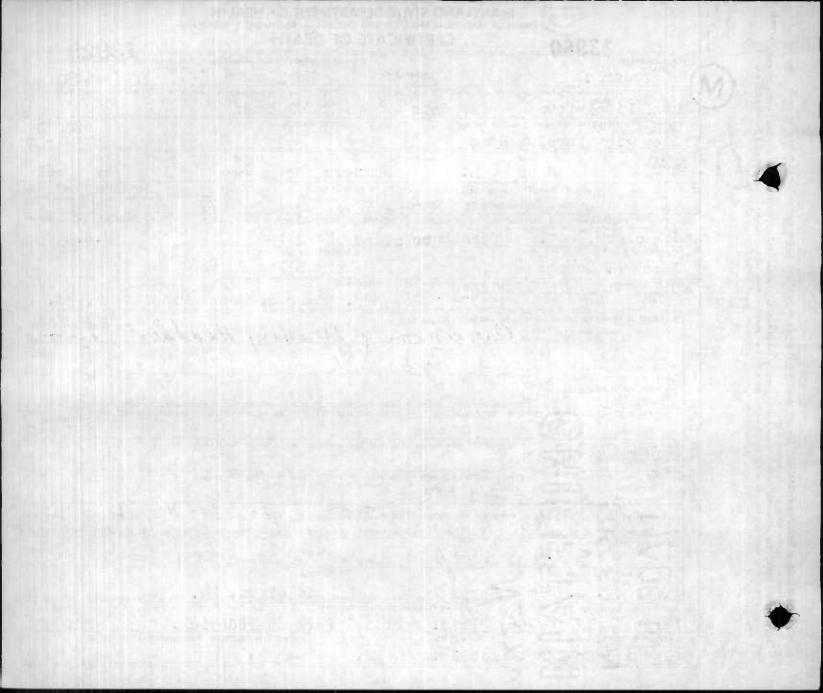
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numbers delyane Time to the Court of the Cou I. H. Bechleuff & Stay Steaffler & Martlands

-		YLAND STATE D PATISTICAL RESEARCH AS CERTIFICA				4	20	20
-	1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary]		d lived. If institution b. COUNTY		der:	
	b. CITY OR TOWN (If outside corporate limits, write c RURAL and give nearest town) Rural Middletown	17 days	c, CITY OR TOWN (IF o		rote limits, write RL	JRAL ond	give nea	rest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street ode OR INSTITUTION Valley View Nursing Home	dress)	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First	Middle	mmers	4. DATE OF DEATH	Montal 1	_	11	y Yeor
	s. sex 6. color or race 7. married		8. DATE OF BIRTH 9/6/1884		9. AGE (In years lost birthdoy) 77 yrs.	Months	Doys	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Stock clerk, ret. full	nd of Business or Indus			ountry)	12. CIT	IZEN OF	S.
	13. FATHER'S NAME Jacob E. Summers		Mary Elle		lmer			
		17. IN 10-3605 M	rs. Edgar S	summe:	Addr rs, Mid		own	, Md.
	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (0), (b), and (c).]	4 Wrina	ru 1	Block	erd		ERVAL BETWEEN
	Conditions, if ony, which	Priory	bake	/				3 7760

	NAME OF DECEASED Type or print)	Edga:		Middle S	ummers	4. DATE OF DEATH	Month 7.2	Day	Yeor 161	
s. s	EX	6. COLOR OR RACE				9. AG		UNDER 1 YEAR IF		
1 0	le	white	WIDOWED [	DIVORCED [	9/6/1884	10st 77	birthdoy) M.	onths Doys H	ours Min.	
	USUAL OCCUPATIO	N (Give kind of work	done 10b. KIND C	F BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	e or foreign country)		12. CITIZEN OF WE	HATCOUNTRY	
t	ock cler	ng life, even if retired	furn	itu <b>re</b> st	ore Maryla	nd	E - 1	U.S.		
_	FATHER'S NAME				14. MOTHER'S MAIDEN		- T			
	Jacob E.	Summers			Mary Ell	en Palme	r			
5. Yes		IN U. S. ARMED FOR f yes, give war or dates of s		SECURITY NO. 117.		Summers,	Address Middl	etown,	Md.	
		TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	(On -	o), (b), and (c).]	4 Wina	ry Bl.	adder		AND DEATH	
	181.0 Conditions, if on		1	Pros	take	/		/ -	, , , , ,	
	gove rise to immediate couse (a), stating the under-lying couse lost.									
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO									
	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)									
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes		ot while	PLACE OF INJURY (Home, far foctory, street, office bldg., e		rn)	(County)	(State	
	21. I certify that	(I) (this haspital	) attended the	e deceased from	Soft 1	960, to De	c 11	. 19 <u>6/</u> , that	(I) (we) las	
	saw the decease	ed alive an	(C 10 1	961, and that	// h =					
	saw the deceased alive an DC 10 1961, and that death accurred at PM, from the causes and an the da 220. SIGNATURE  SIGNATURE  M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. D								22b. DATE SIGNED	
		1 2000		7	22d. ADDRESS				/	
	22c. PHYSICIAN'S NAME (Type)	. J. Elm	er Harn	/		town. Md				
13a.	BURIAL, CREMATION REMOVAL (Specify)		OF 23c. N	NAME OF CEMETERY	Middle OR CREMATORY	23d. LOCATION (C			(Stote)	
	NAME (Type) DYP BURIAL, CREMATION	12/14/19	of 23c. 1 961 Fr		Middle or CREMATORY rial Park		ck,	ounty)  MC		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13961 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY a. STATE by the Frederick MARYLAND Maryland c. CITY OR TOWN (If outside corporete limits, write RURAL and Sive nearest of b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town <u>-</u>-Frederick days Dickerson---R.F.D. Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? YES X NO Frederick Memorial Hospital executed 3. NAME OF 4. DATE DECEASED (Type or print) DEATH December 15 196 1 Clay Thompson CO AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) physician and Female White December 20-1884 WIDOWED A DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House wife Maryland U.S. 13. FATHER'S NAME please George W. Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Effie Horton 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give war or detes of service) Leroy Thompson, Dickerson, Md 18. CRUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c). DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO adono carcinoma of cervix geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY use as rior to PERFORMED? 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (County) (Stete) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work 1, 1950 to 15 Wee, 1961, that (1) (wa) last Dec. 1961., and that death occurred at 5.4M, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 220. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. M.D 22d. ADDRESS 22c. RHYSICIAN'S NAME (Type) Gordon M. Smith Barnesville, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 235. DATE THEREOF (Stale) REMOVAL (Specify) New Market, Maryland Burial 12/18/61 Methodist 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Barnesville.Md DATE DEC 21 15M 9/60

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New Market, Maryland

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TO SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and content of the principle of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours after death.

15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

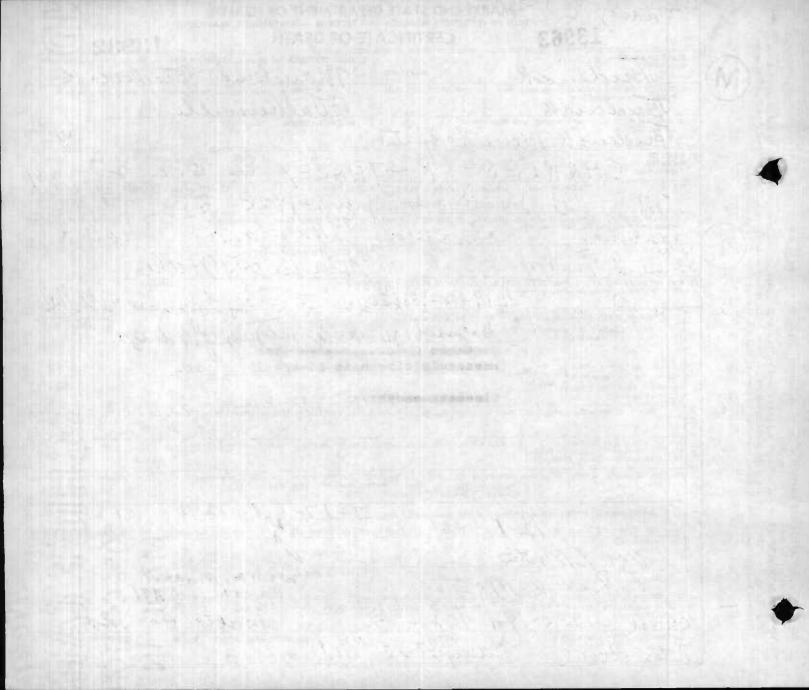
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13931

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission)					
*. COUNTY Frederick MARYLAND	*. STATE Maryland b. COUNTY Frederick					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Frederick	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)  Frederick					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE					
DOA Frederick Memorial Hospital	509 Biggs Avenue ON A FARM?					
3. NAME OF First Middle DECEASED (Type or print) GEORGE EDWARD TH	RASHER December 21, 161					
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.					
Male White WIDOWED DIVORCED	29 Oct 1930   St birthdey)   Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer  Dairy	11. BIRTHPLACE (County & Stete, or foreign country)  Jefferson, Maryland  USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
George W. K. Thrasher	Nellie Lakin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordatesofservice) 217-32-5108 Mr	s. Helen G. Thrasher (Same as item #2)					
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) acute inforce	than of the myreordium onset ANDIDEATH					
Conditions, if any, which (b) Acente Corron	the like					
geve rise to immediate ceuse	my unromorm 12h					
(e), stating the underlying DUE TO cause lest.	the Hent Direase 1 yr					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19 WAS AUTOPSY PERFORMED?  YES NO					
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTION OF CONTRIBU	D. (Enter nature of injury in Part I or Part II of Item 18.)					
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
21. I certify that (I) (this hospital) attended the deceased from						
saw the deceased alive on fluid 1961, and that	death occured at 2.5.M, from the causes and on the date stated above.					
22e. SGM TULE	ATTENDING MED. STAFF 22 Dec 1961					
22c. PHYSCIAN'S NAME (Type) Henry V. Chase, M. D.	22d. ADDRESS 4 East Church St., Frederick, Md.					
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 12-24-61 Mount Olivet						
24 EUNERAL DIRECTOR'S SIGNATURE SON, Frederick, Maryla	nd 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE DEC 2 7 '61 Carthur S. Kraua					
william y						

Sacramon Spinores .. Andrew H . Heath Lab Market and the second mut or exchi refired it below the size of the the title and the second to th Miner V. Marc, M. D. L. C. C. College St., C CALLED CAR MADELLE CONTRACTOR OF THE CARLED CO . U. Etapsen / Start in Start et al. J. Harvend the statement of the state of the

1	3		Itg	13963  12-1-MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	)20
ge 4	with _	1	1. PL	LACE OF BEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	ence befare admission)
direction of	3		a.	COUNTY of a cold maryland of State Regal b. COUNTY along the cold by	INAK
arh.	3	7	b.	CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and RURAL and give nearest town)	give nearest town)
r death funeral	avld			Hillerak X The alkerville	
ors atte	d 2 sha	9	d.	NAME OF HOSPITAL (If nat in haspital, give street address) OF INSTITUTION  HELLEUCK Meu Hospital  Jd. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
n 24 ha	ath.		DE	AME OF ECEASED (Spear print) CHARLES - Middle TRACEY 4. DATE OF DEATH DEATH	2- Day Year 196/
pletely	after de		S. SE	M WIDOWED DIVORCED   July 9-1923 Sprinday) Months	ER 1 YEAR IF UNDER 24 HRS.  Days Haurs Min.
and cam	haurs	1	10a. l	USUAL OCCUPATION (Give kind of work done 10b. KIND OF, BUSINESS, OR INDUSTRY 117 BIRTHPLACE (State or foreign country) if armed working life, even if retired)	ITIZEN OF WHAT COUNTRY?
ician a	ithin Z	1	13.FA	olin 6. Tracey Mineril H. D'tall	
recriffic	event, w	į.	/S. W (Yes, n	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  no. or unknown) 1 (If yes, give wor or ddies of service) 19-14-9356 Electry Latte Viragey - Walflers	will The
eath	any		11	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
the att	Then p and in			PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  PART I. DEATH WAS CAUSED BY:  MARTHAN / MARTHAN	SI SINGLI AND BEATH
es mo	mit.			Canditians, if any, which gave rise to immediate (b) Laennec's cirrhosis of the liver with	6 to 12
requir an. n signe	sit per	2		DUE TO   String the under   Co     Due to	mo.
physici ras beer	ial-tran	$\sim$	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
tending ficate	the bur al, crem	H	CERTIFI	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
al ar at this cert	r use as ta buri		MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark at wark at wark 12 dt. 14 wark 15 dt. 15 dt. 16 dt. 17 dt. 18 d	(Caunty) (State
haspit After	ched fa th pria			saw the deceased alive an 12-1-1961, and that death accurred at M. from the causes and an the	C.f., that (I) (we) last
by the	e deta			220. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED
AL OK ergined AL DIRE	Board o		2	22c. PHYSICIAN'S NAME (Type) ROND OF TAIL 22d. ADDRESS Z ZON. MARKET	
UNER	ge 3 sh State	-	23a. I	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	V71, ((State)
0 0	the		24. FL	UNERAL DIRECTOR'S SIGNATURE  ADDRESS  A	SIGNATURE
/R A15	(4)	-	L	plan-Eling. Hampiterd Med DATE T 161 and g	Krant
	1/3		7		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) ny delay is necessary, stuneral director. Page ained for your files. e. COUNTY Health, e. STATE b. COUNTY Frederick Maryland MARYLAND Frederick b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) Frederick Frederick years d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS . IS RESIDENCE Boar ON A FARM? e State B D.O.A. Frederick Memorial Hospital 1309 North Market Street YES NO XX Also knownas VanceMiA Wachter Lest DATE Yeer DECEASED OF ####### (Type or print) DEATH 19 61 December Vance Renner vin pencil in them 18. Give Pages 1, 2, and 3. Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 with moval, and in any event within 72 hours. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours Male White WIDOWED [ DIVORCED Sept. 2 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or 10b. KIND OF BUSINESS OR INDUSTRY FrederickCol2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ########, Prop. of Tourist Home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ######John W. Renner Susan Ryan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes no, or unkown) (Ifyesgivewerordetesofservice) Mrs. Edith C. Wachter 1309 N. Market St. Fred. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BELY EEN ONSET AND DEATH Suffocation due to piece orange in Trachae PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, Multiple Sclerosis Conditions, if env. which "pending" gave rise to immediate cause 60 Medical Examiner's DUE TO (e), steting the underlying SB Old cerebral Infarct pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? See execute the certificate, writing the word should be forwarded to the Chief Medical E. PUNERAL DIRECTOR: Page 3 should be NO [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING burial, Piece of orange lodged in Trachea CAUSE OF DEATH. 20d. INJURY OCCURREDT 20e. PLACE OF INJURY (Home, ferm, 20f. (Cily or town) 20c. TIME OF INJURY Month, Dev. Yeer (County) (State) Home 0 While Not While 4-15 et work Frederick. Frederick Co. Md 24, 61 et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry X and in my opinion agent, Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER December 25, 1961 EXAMINER'S M. D. Address (Street, city, town, or county) NAME (Type) Dr. B. O. Thomas Sr. M. D. Addr 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 50 Mt. Olivet Cemetery 40 Frederick, Maryland
24e, REC'D BY REGISTRAR I 24B, REGISTRAR'S SIGNATURE Buria] ADDRESS VS. AISME Son 5M 7/59 Frederick, Maryland Rebert E. DATE DEC 2 9 '61

MARYLAND STATE DEPARTMENT OF HEALTH

Frederick 55 years - Labor Line roiner ....

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December 25. 1961

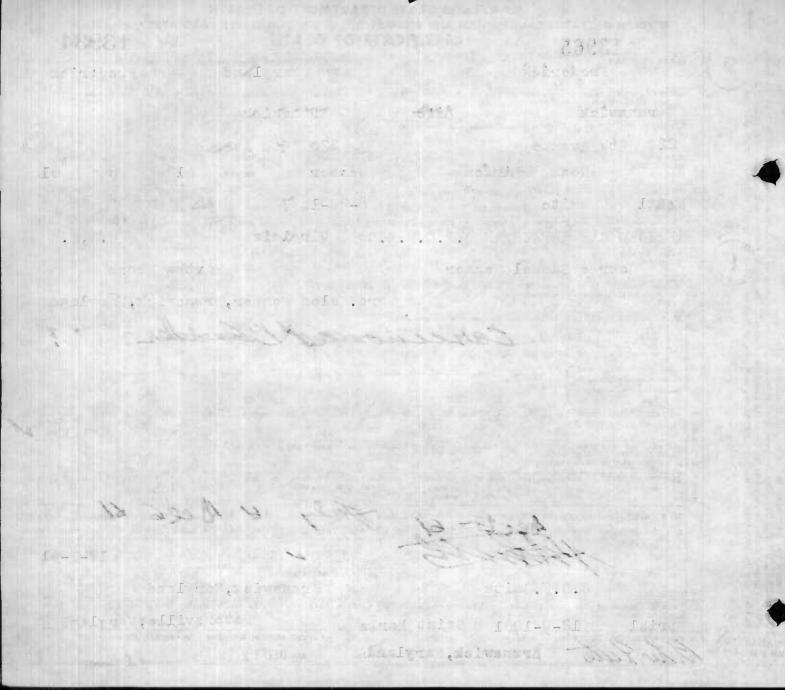
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(Western Dr. 3. O. Thomas, Cr.

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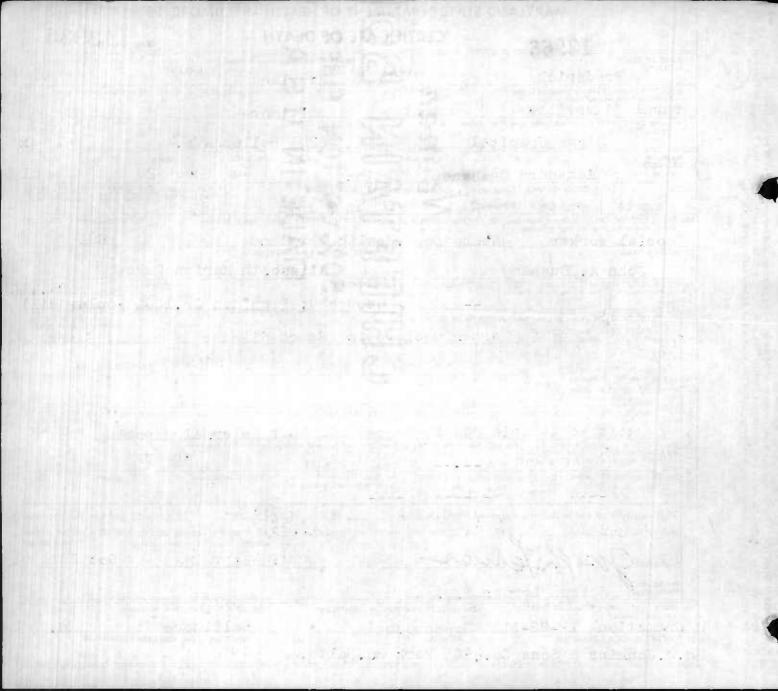
	DIVISION OF STATISTICAL RESEA	LAND SIAIL DEP	AKIMENI C	THEALIM	DE 4 AAADVI AND
	13965	CERTIFICATE		N STREET, BALTIMOI H	13934
1.	PLACE OF DEATH a. COUNTY Frederick	MARYLAND		ryland b. COUNT	restitution: Rasidanca bafora admission)  Y Frederick
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  Brunswick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN 35 Bruns	(If outside corporata limits, writa	RURAL and give nearest fown)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp 220 9th Avenue			th Avenue	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ROSS Lind		leaner	4. DATE Month OF 12	Day Year 6 1961
	Marel White WIDOWE	DIVORCED   8	3-20-1877	9. AGE (In years law) birthday) yrs.	Months Days Hours Min.
do	RETITED WORLD He. REPAIRMAN	B.&.O.R.R.C	Virgi	nia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	George Samuel We:	nner	4. MOTHER'S MAIDEN	Martha	House
15. {Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 15, aq. or unkown (lifyesgivawarordatesofservice)  18. CAUSE OF DEATH [Enter only one cause per li	Mrs	FORMANT S.Melen W	Address enner, Brunswi	ek, Maryland
NO		Viceno		inal disease condition give	
CERTIFICATION	208. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED. (	Enter nature of injury in	Part I or Part II of item 18.)	YES NO NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Whila p.m. 19	Not Whila factory	OF INJURY (Homa, far y, streat, office bldg., at		(County) (Stata)
	21. I certify that (I) (this hospital) attends saw the deceased alive on		leath occurred at		, 1952., that (I) (we) last and on the date stated above.
	22a. SIGNATURE	165 M.D.	ATTENDING PHYS.	MED. STAFF PHYS.	12-7-61 DATE
	NAME (Type) J.G.F.Smith			swick, Marylan	
23	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 12-9-1961	Saint Marks			e, Maryland
24	hu Tulk Brunsw	ick, Maryland		EC 1 2 '61	ISTRAR'S SIGNATURE



VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13966	CERTIFIC	AIE OF DEATH		Reg. Dis	1,3935	,
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WHo a. STATE	b. CC	institution: Residence DUNTY	e before admission	1/
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16			write RURAL and gi	ive nearest tawn)	
rural Ijamsville	6 months	Baltim	ore	21	101-4	
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS	016		e. IS RESIDE	NCE
Riggs Hospita	al	6243 B	ellonaAVe		ON A FA	
3. NAME OF First DECEASED	Middle	Last	4. DATE	Manth	Day Yea	or
(Type or print) Alexandra Dus	hane Wh	itney	OF DEATH De	c 20	19	61
	IED NEVER MARRIED	1	9. AGE (In last birt	1.1.1	YEAR IF UNDER	
Female white widowi	DIVORCED [	oct 7 1876	85	hday) Manths	Days Haurs	Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. during mast af warking life, even if retired)	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZ	EN OF WHAT COU	JNTRY?
	ate Dept.He	ealth Maryla	nd		USA	
13. FATHER'S NAME	4 70 9 132	14. MOTHER'S MAIDEN N	IAME			
John A. Dushane		Elizab	eth Mario	n Duke		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT		Address	Rd	1
no	(	George D. Per	nniman Jr	.1004 P	oplar H:	iil
1B. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]				INTERVAL BETW	/EEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AT	rteriosclero	otic Heart	Disease		5 vrs	AID
T 2 0 0 DUE TO						
Canditians, if any, which ) (b)						
gove rise to immediate cause (o), stating the under-						
lying cause last. (c)					CAST CO	
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	ON GIVEN IN PART	1(a) 19. WAS AUT	TOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C  Left Hemiplegia  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	due to Thro	ombosis left.	internal	Caroti	PERFORM YES N	
200. ACCIDENT WAS UNDERLYING 20b. DESC		RED. (Enter nature of injury in I	Part I ar Part II af item	18.)		
			8.	rtery		
Z 20c. TIME OF INJURY Manth, Day, Year 20d. IN		PLACE OF INJURY (Hame, farm		(Co	aunty)	(State)
20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. While of wool	Nat while	factary, street, affice bldg., etc 	.)			
21. I certify that I attended the decease		1961, to De	ec 20 1	961,that I los	A courthy day	
		th occurred at 7.25	/ .	7_2_7INOI I IOS	a saw me deci	easea
onve on production	<u>V</u> , ona mar dea		ADDRESS (Street, city or		DATE S	
ACTUAL COULD TO A	101		msville M		Dec 20	1.96
SIGNATURE TO THE TOTAL T		_ M.D.	MS ATTIC IN	u		
PHYSICIAN'S Joseph Lerner	M D					
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OP CPEMATORY	22d. LOCATION (City,	tawn, or county)	(State)	
REMOVAL (Specify)			Baltimo		Md.	
Cremation   12-22-61 23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIG		
H.W.Jenkins & Sons Co.	4905 York 1		EC 2 6 '61	Cirthur S.		



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47		۾	and	dea
WILLIA		filled in	Pages 1	urs after
CAPITAL OF ALLENDING PRINCIPAL THE LAW requires that the dearn certificate be executed within 24 hours after		FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers. Pages 1 and 2 should	filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event. within 72 hours after death
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	MARYLAN	ND STATE	DEPARTA	AENT OF	HEALTH
DIVISION OF STATISTICAL	L RESEARCH	AND RECOR	RDS. 301 W	PRESTON	STREET.

13967	T RESEM	CERTIFICAT	E OF DEAT	H	1393	86		
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Whare deceased lived, If	Institution: Resident	e before admission)		
a. COUNTY Frederick			a. STATE	b. COU	NTY			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RURAL and give nearest town) Frederick	111113,				to KOKAL BING 9140 1	1007031 10 W 117		
		Lifetime		erick				
d. NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
Monocacy Hal	1 Nursi	ing Home	412	North Market S	treet	YES NO		
3. NAME OF Fire DECEASED	rst	Middle	Lest	4. DATE Mont	th Day	Year		
(Type or print) Lawren			ger	De cemb	er 25,	19 61		
5. SEX 6. COLOR OR RAC	T. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lest birthdey)	Months Days	Hours   Min.		
Male White	WIDOWE	D DIVORCED	Oct. 10. 189	66 yrs.	Months Deys	Hours Min.		
10a. USUAL OCCUPATION (Give kind of wo	ork 10b. K	IND OF BUSINESS OR INDUST		unty & State, or foreign country	12. CITIZEN O	F WHAT COUNTRY?		
dona during most of working life, even if reti		Tomo	Thedenial-	Morriand	TT C A			
Ret. Machine Operato	01 1	lone	14. MOTHER'S MAIDEN	Maryland	U.S.A	•		
William C. Yinger			Valletta					
15. WAS DECEASED EVER IN U.S. ARMED FO	ORCES?   16.	SOCIAL SECURITY NO.   17.		Addres	is	-		
(Yes no, or unkown) (Ifyesgivewarordeteso	of service)	11-10-2777 16	- II-I Man	ala 120 m m		2 202		
10 CHIEF OF DESTU (Later colu-			s. neten Mag	aha 412 N. Mar		red . Md .		
18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED BY:	47	10 (c).	Elma O Mari			SET AND DEATH		
IMMEDIATE CAUSE		pusino 1	Trunc	a	2	numan		
DUE T	0 +1		1 - 11			161		
Conditions, if any, which	(b)	rroale	tun 1	02)	12	12 4000		
geva rise to immediate ceusa		1 . 11.			0	1.201		
tell, stealing the underlying	1	ummo.	- Sarcen	101	3	yeurs		
	DITIONS CON	PAREUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(a) 1	WAS AUTOPSY		
PART II. OTHER SIGNIFICANT CON	DINORS COL	The state of the s	OT RELATED TO THE TERM	MAL DISERSE CONSTITUTE OF		PERFORMED?		
<u>S</u>					1	YES NO		
OR CONTRIBUTING CAUSE OF DEATH	Н	CRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	n Pert I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day,	Yeer   20d.		ACE OF INJURY (Home, fa		(County)	(Stete)		
Hour a.m. 19	While	THOI WILLIAM	ctory, street, office bldg., et	tc.)				
			244 4 0 4 1 11	15 Dea	15 (1			
21. I certify that (I) (this hos		. 1 / 1	F 1 M	.73		hat (I) (we) last		
saw the deceased alive on	UC12	-419(2, and the	at death occured at?	M, from the causes	and on the da	ate stated above.		
22a. SIGNATURE			ATTENDING	MED, STAFF		226. DATE SIGNED		
185.0.7 tum	us	5/:	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	12-25-1	-12		
22c. PHYSICIAN'S	//		22d. ADDRESS			,,,,,		
NAME (Type) Dr. B. O	. Thoma	as, Jr. N	.D. 228 Nor	th Market Stre	et Frede	rick, Md.		
23a. BURIAL, CREMATION, 23b. DATE TH	HEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to		(State)		
REMOVAL (Specify)	267	Mt Olivet C	amat amer	Frederick	Manuel and			
Burial Nococomposition of the	192	Mt. Olivet C	emetery   250 P	Frederick,	EGISTRAPIS SIGNA	TUDE		

Frederick, Maryland DADEC 29'61

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Dr. B. D. Incena, Jr. 18.3. 428 North Market Stront Frederick, Md.

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